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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	1
3326	CEDTIEICATE	OF DEATH	

CEDTIEICATE OF DEATH

03276

	001	-0	CER	11 107	AIL OI	DEATI	1		Reg. D	list. No		
	rederick		MA	RYLAND	2. USUAL I		land	d lived. If institution b. COUNTY	ion: Residence before admission) Frederick			
RURAL and give no	If autside carporate time earest town) ck Heights	its, write	E. LENGTH OF STA	Y IN Ib	c. CITY		erick	prote limits, write R	URAL and	give ne	urest tow	n)
OR INSTITUTION	TAL (If not in hospital, of Convalesc		address)	Home	d. STRE	T ADDRESS		Avenue			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii MARGA		Midd ELT	lie ZABET	H A	Lost DAMS	4. DATE OF DEATH	Mon Marc		D.	ıy	Yeor 19 58
5. SEX Female	6. COLOR OR RACE	7. MARI			8. DATE OF E			9. AGE (In years last birthday)			IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPATIO		dane 10b.				HPLACE (State		auntry)	12. C		F WHAT	COUNTRY
13. FATHER'S NAME					14. MOTH	ER'S MAIDEN N	IAME					
	Henry Harr	<u> </u>				Unkn	LOWIN					
15. WAS DECEASED EVE (Yos. no. or unknown) NO	R IN U. S. ARMED FOR (III yes, give wor or dotes of a NO		None		s. Lou	is R. S	chool	Addi man,Bra di		Heig	hts,	Md.
Conditions, If a gave rise to it cause (a), stating lying cause lost.	mmediate DUE TO)	Khomat		h-eart	6,320						2 ×110
TT CT	HER SIGNIFICANT CON								EN IN PA	RT 1(o) 1	PERES	AUTOPSY PRMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter natu	re of injury in I	Port I ar Por	t 11 of item 18.)				
20c. TIME OF INJUR Hour o. jr. p. m.	RY Month, Day, Yes	While	NJURY OCCURRED Not while	20e. PU	ACE OF INJUI	RY (Home, form ffice bldg., etc.	, 20f. (City	or town)		(County)	3	(State)
actual SIGNATURE	S 12 S	_, 12.5	f and the		occurred	fession	AM, from		ind on t	last so	te stat	deceased ed abave ATE SIGNES 1/58
22a. BURIAL CREMATIO	r. Louis R		loolman	METERY O		derick,		Land TION (City, town, o	or county)		(Sto	(a)
Entombment	Mar. L.	1958	Frederic					ederick.	//		aryl	
23. FUNERAL DIRECTOR' M. R. Etch	's signature nison & Son	, Fre	address derick, M	aryla	nd	240. REC'I	BY REGIST		TRAR'S SI	-1	RE	

of 1487			
Profession (1997)	Sept. Sept.	awar y	The state of the s
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S.V UABRUA			
BUREAU V. S			
6291 0 1 RANI	and the state of t		
DE VEELVEO MARA 18 1853 B.V. UALAUA			

TO FUNERAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3327 **CERTIFICATE OF DEATH** Reg. Dist. No. 77

o. COUNTY Frederick		MARYLAN	- 11 - 1	USUAL RESIDENCE (No. STATE Mary)		lived. If instituti b. COUNTY	on: Residence	before odn	rissian)
b. CITY OR TOWN (If outside corpo RURAL and give nearest fawn) Frederick		Since 5/3/5	- 11	c. CITY OR TOWN (I		ote limits, write R Rural RD		ve nearest to	iwn)
d. NAME OF HOSPITAL (If not in he of institution Frederick County (ospital, give street Chronic I	oddress) Tospital	1	d. STREET ADDRESS Near	Urbana			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	FRANK	Middle R.	A	Lost DDISON	4. DATE OF DEATH	Mon M a	arch	Day 27,	Year 19 58
Male White	WIDOW		2			9. AGE (in years 921 birthday) yrs.	-	YEAR IF UN Days Hour	
10a. USUAL OCCUPATION (Give kind during most of warking life, even in Retired Farmer	of wark dane 10b if retired)	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (SIG	nte ar foreign ca	untry)	12. CITIZ		AT COUNTRY?
13. FATHER'S NAME John D. Addison			14	Martha He					
15. WAS DECEASED EVER IN U. S. ARN (Yes, no, or unknown) (If yes, give wor or		SOCIAL SECURITY NO. 17	7. INFOR	mant pital Reco	ords (S	Add Same as i	**	1)	
20g. ACCIDENT WAS UNDERLYING	DUE TO (c) NT CONDITIONS	CONTRIBUTING TO DEATH IS					VEN IN PART	1(a) 19. WA PER YES	S AUTOPSY FORMED?
3	DEATH MINER)	NJURY OCCURRED 20e.	PLACE (OF INJURY (Hame, fa street, affice bldg., a	irm, 20f. (City		(Co	ounty)	(State)
21. I certify that I attend alive on ACTUAL SIGNATURE PHYSICIAN'S H. F. K.	Mere Mo	and that dec	ath occ	, 1957, to curred at 7:30 7 N. Mark	ADDRESS (Sin	26, 1958 the causes of reet, city or town,	ind an the	date sto	nted above
220. BURIAL CREMATION, 226. DATE REMOVAL Specify) 3-31	THEREOF	22c. NAME OF CEMETERY Mount Olive		MATORY	22d. LOCAT	ion (City, town, o			rate)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison &	Son, Fr	ADDRESS		24g, RE	C'D BY REGISTI	RAR 246 REGIS	TRAR'S SIGN		

CERTIFICATE DE DEATH THE RESERVE OF THE PARTY OF THE Manage and the second territories and the second second second territories and the second second second second T Be James J. J. originally distributions. polypell . The let the the state of the stat

deofh.

BUREAU V. E.

8361 88 AAM

DECENAED

VS A15 (4) 15M 9/55

	33	28	CERT	IFIC/	ATE OF	DEATH		IIMOKE,		Dist. No.	32	79
1. PLACE OF DEATH COUNTY Fred	lerick		MAR	YLAND	2. USUAL RES		land	lived. If institu b. COUNT		enca befo	re odmis ck	sion)
RURAL and give r	W W	_	c. LENGTH OF STA	Y IN 1b				rote limits, write	RURAL one	d give nec	rest tow	n)
d. NAME OF HOSPI OR INSTITUTION	MVEPSVII		life oddress)		d. STREET	Mye:	CSVII	Te			e. IS RES	SIDENCE A FARM2
3. NAME OF DECEASED (Type or print)	fii Jame	es	Middl B.		Baker	osl	4. DATE OF DEATH		onth 3	Do L	y	Yeor 1958
s. sex male	6. COLOR OR RACE white	7. MARR			B. DATE OF BIR	тн 1875		9. AGE (In year lost birthday) 2 yr	Months		IF UND Hours	ER 24 HRS. Min.
100. USUAL OCCUPATION of working most of the part)	kind of Business Wall pap		Mar 14. MOTHER	yland s maiden n	IAME	ountry)		U.S		COUNTRY
	ER IN U. S. ARMED FOR (It yes, give war or doles of s	amilian)	SOCIAL SECURITY N		NFORMANT				dress yers	vill	Le.	Md.
Conditions, if a gove rise to couse (a), stating lying couse last.	immediate ()	CONTRIBUTING TO D	EATH BUT				dura E CONDITION G		ART 1(o) 1	9. WAS	AUTOPSY
CAT.	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	1-	CRIBE HOW INJURY								PERFC	ORMED?
20c. TIME OF INJUI		20d. It While of worl	NJURY OCCURRED Not while t of work		CE OF INJURY			or town)		(County)		(State)
21. I certify to alive an	r. J. Elm	decease, 185	8 , and the	r death	accurred of	Min	AM, from	the causes reet, city or town	and an	lost so	te state	deceased ed above ATE SIGNED
220. BURIAL, CREMATIC REMOVAL ISPOCITY DUTTAL	ON. 226. DATE THEREC	F	Z2c. NAME OF CEA	-	crematory thren (ION (City, town	er county)	Ço.	(Stot	e) Id.
23. FUNERAL DIRECTOR Gladhil		iddl	etown, N	Id.		24a. RECY	BY REGIST	358 24 F	ISTRAR'S S	IGNATU	RE	- 1

Middletown, Md.

CERTIFICATE DE DEATH:

BUREAU V. S.

STEE OI HAM

DECENTED

COLUMN TOWNS OF SHAPE OF

CERTIFICATE OF DEATH

03280

0023	CERTIFICA	E OF DEATH			Reg. Dist. No).	
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	usual residence (Who o. STATE Maryla		l. If institution b. COUNTY	Residence before Frederi		
b. CITY OR TOWN (If autside carporate limits, write c. BURAL and give nearest town) RD#1.	LENGTH OF STAY IN 15	c. CITY OR TOWN (IF at	otside corporate lin son–Rura		RAL and give ne	earest town)	
d. NAME OF HOSPITAL (If not in haspital, give street oddr OR INSTITUTION Jefferson-Broad Run Road	ess)	d. STREET ADDRESS /Jefferson-B	road Run	Road	e. IS RESIDE ON A FA YES N		
3. NAME OF (Also known as Willi OFCEASED (Type or print) William McKi		aker) tost	4. DATE OF DEATH	Month Man		3, Year	
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED [16 Oct 1889	9. AG los		Months Doys	Hours Min.	
1100111111	o of ausiness or industrated	Y 11. BIRTHPLACE (State of Middletown			12. CITIZEN O	OF WHAT COUNTRY	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN N. Rose Bake		- 27			
Was an an anti-man . Miles also and a data of anti-data.		Luella L.	Baker (Addres Same as	s item #	#1)	
18. CAUSE OF DEATH Enter only one cause per the far PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last. (c)	(a) (b), and (c).]	al Vuncu	da De	rent		TERVAL BETWEEN ISET AND DEATH 11 772	
PART II. OTHER SIGNIFICANT CONDITIONS CONTO	TRIBUTING TO DEATH BUT NO				N IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Month, P. m. 19 While of work	Not while foctor	OF INJURY (Home, form, y, street, office bldg., etc.	20f. (City or to	wn]	(County	(Stole)	
21. I certify that I attended the deceased of alive an 3-2 1958 ACTUAL SIGNATURE J. J. Baura PHYSICIAN'S U. G. Bourne, Jr., 220. BURIAL, CREMATION, 22b. DATE THEREOF 22	and that death a	ccurred ot 11 P	_M, from the	causes an city or town, sh	d on the do	DATE SIGNE	
REMOVAL (Specify) Rurial March 6,1958 23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fred	Mount Olivet ADDRESS	Ceme tery	Freder	ick, Ma	aryland		

VS A15 (4) 15M 9/55

offer death: Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs.

_ 8361 . 9 . NAM weeking that I may be likely about

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03281

Rea, Dist. No.

				Keg. Dist. No.	
1. PLACE OF DEATH 3291 o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (M 0. STATE Maryl	there deceased lived. If institution b. COUNTY	on: Residence before admission Frederick	1)
b. CITY OR TOWN It outside corporate limits, write RURAL and give nearest hours! Frederick	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate limits, write f	RURAL and give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Frederick Memorial Hosp		d. STREET ADDRESS	st All Saints	e. IS RESIDI	ARM?
Frederick Memorial Hos	DT car	72 110	SO WIT DETIIOS	DUTGE VES N	OIL
3. NAME OF First DECEASED (Type or print) RONTEO	Middle	BATON	4. DATE Month OF DEATH Ma:	rch 23, 195	8
5. SEX Male 6. COLOR OR RACE 7. MARRI Colored WIDSON		DATE OF BIRTH 5 Dec 1886	fact to estate a	IFUNDER TYEAR IF UNDER 2. Months Days Hours Min	
ioo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	KIND OF BUSINESS OR INDUSTR		or foreign country) , Maryland	12. CITIZEN OF WHAT COL	JNTRYT
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Thaddeus Baton		Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ver. no. or unknown) Its will yet, give wor or deles of service) WW.I.		rormant 's. Amanda M.	Bayton, Frede:	Bentz St., rick, Md.	
PART I. DEATH WAS CAUSED BY EMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.	Brancher - A teris derall	neum ou client d	lease	ONSET AND DEATH ? CLOSELY	-
PART II, OTHER SIGNIFICANT CONDITIONS CO				PERFORME	OPSY OPSY
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	E HOW INJURY OCCURRED. (Er	nter nature of injury in Part	t I or Port II of item 18.)		
A Hour o. m. Whil	f	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City or town)	(County) (S	Store)
21. I certify that I took charge of the death resulted fram: Natural causes actual		cide [], Homicide	, Undetermined co	Inquiry [], and find ause [].	
EXAMINER'S James B. Thomas,		ASSISTANT MEDICAL EX-	AL EXAMINER	3-25-	58
270 BURIAL, CREMATION, 27b. DATE THEREOF 3-26-58	22c. NAME OF CEMETERY OR CEME		22d. LOCATION (City, town, or Frederick, Ma		
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, F1	ADDRESS rederick, Maryl	and		PAR'S SIGNATURE	

VS. A15ME(5) 5M 9/55

BUREAU V. E.

8381 YS AAM

DECENTED

DATE

M. R. Etchison & Son. Frederick, Maryland

death; Page

death certificate be

VS A15 (4) 15M 9/55

S'A AVITAGE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH eral directar, be filed with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Frederick ofter death, W. b. CITY OR TOWN (If outside corporate limits, write funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town)
Frederick Rural Middletown 5 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS Memorial Hospital haurs NAME OF Middle 4. DATE Month OF DEATH (Type or print) Lester Emerson Bolevn 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) white male WIDOWED T DIVORCED [7] 2/22/1901 100 USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY | 1) BIRTHPLACE (Stole or foreign country) Paper hanger Private Maryland Maryl and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME requires that the death certificate. William K Bolevn Mary (? 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5-20-9248Mrs. Naome Beachley, Middletown, Md. attending no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) East amicular Fitzillation PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Belater 1 Brench - Porumosina Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse fost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) Hour o.m Not white of work of work March 30, 1958 that I last saw the deceased 21. I certify that I attended the deceased from Lat. and that death accurred at 2-4/M. from the causes and an the date stated above. ACTUAL SIGNATURE 3 shauld PHY SICIAN'S NAME (Type) FUNER 220, RURIAL CREMATION | 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Mt. Olivet Cemetery Frederick, Md.

ADDRESS

Co., Middletown, Md.

Frederick IS RESIDENCE ON A FARM? YES NOT Day

IF UNDER 3 YEAR IF UNDER 24 HR

12. CITIZEN OF WHAT COUNTRY?

U.S.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 17 NO T

> > (State)

Days

(County)

24b REGISTRAR'S SIGNATURE

240, REC'D BY REGISTRAR

DATE APR

Yeo

19

Rea. Dist. No.

Months

o 0

23. FUNERAL DIRECTOR'S SIGNATURE

S SY UNSTANT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

636: 88 AAM

DECEDAED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 3295 with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) p COUNTY filed **b.** COUNTY Frederick MARYLAND Maryland death. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town TO Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION haurs Frederick Memorial Hospital 48 East South St. Ě Ξ. 3. NAME OF First Middle 4. DATE Lost DECEASED John William [Type or print] DEATH Bowers. Jr. March 5. SEX 6. COLOR OR RACE 7. MARRIED T NEW TRANSPIRED EN B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Male White Feb. 28-1881 ·分分子和分割的 从 N / 2 M / 2 A / 2 A / 2 A / 2 A / 2 A / 2 A / 2 A / 2 A / 2 A / 2 A / 2 A / 2 A / 2 A / 2 A / 2 A / 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) Rail Road West Virginia and Conductor corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John Wm. Bowers, Sr. Mary Ellen Bowers hours IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No Bowers-Jr. - 48 E. South St. attending Mrs. John W. please death CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** á מחץ Conditions, if any, which beub gove rise to immediate ä DUE TO cottse (a), stating the underlying couse lost physician buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) 19 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) cote 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) a. m. While Not while 19 of work p. m. at work 21. I certify that I attended the deceased from that I last saw the deceased 3:20P-M. fram the causes and on the date stated above. alive an and that death accurred at ADDRESS (Street, city or ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER ന 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) Mt. Olivet Cemetery Frederick-Maryland 0

ADDRESS

Frederick-Maryland

Reg. Dist. No. 3285

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

Frederick-Md.

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES [7]

> > (Stote)

NO 17

(Stote)

26

Days

U.S.A

(County)

245 REGISTRAR'S SIGNATUR

24a. REC'D BY REGISTRAR

DATE

Months

IS RESIDENCE

ON A FARM?

YES NO

Year

19

58

Frederick

VS A15 (4) 15M 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. E.

eset t Agr.

Mar = - of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No

Months

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

12 CITIZEN OF WHAT COUNTRY?

Maryland

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES | NO M

> > (State)

DATE SIGNED

(State)

Days

(County)

e IS RESIDENCE

ON A FARM?

YES NO TO

Year

19

58

Min

VS A15 (4) 15M 9/55

Z .V U.III.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3330 CERTIFICATE OF DEATH

Rea, Dist. No. 03287

												-			
1	PLACE OF DEA	тн	Frederic	e k	MARY	LAND	2. USUAL RESII	erylax	ere deceased 1 d	l lived. If inst b. COU	ntution: NTY	_	e before od deric		
	b. CITY OR TO	WN (If our	side corporate lim	nts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	TOWN (If o	utside corpor	rote limits, wri	ite RUR/	AL and g	ve nearest	town)	
14	,	,	-1 Frede	ericl	9 yr		X Wall	kersvi	ille	Md					
	d. NAME OF H OR INSTITU	iospital (i	NTEVUE	give stree	er address) DERICK COUN	TY	STREET A	DDRESS					0	RESIDEN N A FAR	RM?
	NAME OF DECEASED (Type or print)	JAME		irst	Middle TWEEDE		BURI		4. DATE OF DEATH		Manth arch	1	Doy 31st	Year 195	-0
5.	MALE		COLOR OR RACE WHITE	"""	RRIED NEVER MARRII		8. DATE OF BIRTI			9. AGE (In ye lost birthde			YEAR IF U Doys Ho		HRS. Min.
10c	. USUAL OCCL	PATION (Give kind of work life, even if retires	done 10	b. KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPL	ACE (Stote	or fareign co	ountry]		12. CITI	ZEN OF W	HAT CO	UNTRY?
	ooring most c	LABOR		"	FARMERS SU	PPLY	1	ARYLA	ND			U.	S.A.		
13.	FATHER'S NAM	AE.					14. MOTHER'S	MAIDEN N	IAME						
		MII	TON BURN	Œ			ANNE	BOWE	CRS						
	WAS DECEASE		U. S. ARMED FO		6. SOCIAL SECURITY NO	. 17. R	NFORMANT				Address				
	NO	1.7.	, p 14 11 01 01 01 01 01		*	M	ISS NEN	A JAMI	SON T	VALKERS	SVIL	LE M	D		
	Conditions gove rise cotts (o), st lying couse	, if ony, to imme	under-	o) D b)	Orter	ede N F	al De	refa	w	***			ONSET A	70	
CERTIFICATION			NDERLYING CAUSE OF DEATH		SCONTRIBUTING TO DE							IN PART	PE	RFORME	D?
2															
MEDICAL	Hour		Month, Day, Ye	Whil	INJURY OCCURRED Not while ork of work		ACE OF INJURY (story, street, office			or town)		(Co	ounty)	(Stote)
	21. I certi	fy that	attended the	e deced	sed from		, 19 5 \$, to	Mac	ch 19	(B)	hat Ho	ast saw t	he dec	eased
	alive on	Y	May 1.	<u>, 12</u>	, and that	death	occurred at	3	L.M., fram						
	ACTUAL SIGNATURE_		NF	Cli	iii		M.D	Fri	ADDRESS (SI	reel, city of to	wn, stat	le) -	ap	DATE !	SIGNED
	PHYSICIAN'S NAME (Type)		HOB	A	EFA	11	NE	FI	P 15 0	FRI	0/	</td <td>Mc</td> <td>>.</td> <td></td>	Mc	>.	
220	BURIAL, CREE REMOVAL (S BURI	pect(y)	225. DATE THERE	958	22c. NAME OF CEMI GLADE	ETERY OF	R CREMATORY		WALKE	CRSVILI		ounty)	MD	Stole)	
23.	FUNERAL DIRE	CTOR'S SI	SNATURE	Ų	ADDRESS VALKERSVILLE	MD)	240. RECT	R 2 15	1 04	ecols fr	AR'S SIG	NATORE		





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I'M HOSPITAL OR ATTENDING MINTSICIAN: The low requires that the death certificate be executed within 11 haurs after death. Lage 4	may be reterned by the hospital or attending physicion.	9	page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and would be filed with	the registron prior to busiol, exemption, or remayal, and in any event within 72 hours-often death.

VS A3S (4) 1SM 9/S5

	em 18 Fil	MARY	AND	STATE DEPARTA	MEI	NT OF HEALTH	-BAL	TIMORE, 1	8			
. to	em 10 FI1	33.	31		A	E OF DEATH			Reg. Di		128	8
1.	PLACE OF DEATH a. COUNTY	Frederick		MARYLAND	2	o. STATE		d lived If institution b. COUNTY	_	ce before		an)
	b. CITY OR TOWN (I RURAL and give no	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If or	itside carpo	orate limits, write Ri	JRAL ond	give neare	est town)	
	Detour	Rural		28Yr.	>	Detour	Rura	1				
	d. NAME OF HOSPIT OR INSTITUTION	[AL (If not in hospital, g	ive street	oddress)	1	d. STREET ADDRESS					ON A	FARM?
	NAME OF DECEASED (Type or print)	Edn a	si	Middle Houck		lost Burrier	4. DATE OF DEATH	Mar (7		958
S. :	Female	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED DIVORCED	8.	Oct, 1_ 1891		9. AGE (In years lost birthday) 00 yrs.	Months		Hours	Min.
10c	during most of worl	ON (Give kind of work king life, even if retired	dane 10b.	Own Farme	USTR	Y 11. BIRTHPLACE (Stote of		ountry)		S.A.		COUNTRY
13.	FATHER'S NAME	• • • •				14. MOTHER'S MAIDEN N	AME					
	Dan:	iel Houck				Susie KRE	GLO					
		R IN U. S. ARMED FOR (If yes, give wor or dates of a		SOCIAL SECURITY NO. 17.		erence C. E	urri	Addr Def	tour	Mary	/kan	d
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (g), (b), and (c).]	1	som.				INTER	VAL BET T AND I	WEEN DEATH
	Canditions, if a gave rise to i catse (a), stating	mmediate (F:	rimary: Gla	nd	under rt ar	n - f	ollowed	by li	ungs	•	
NOI	lying couse lost.			CONTRIBUTING TO DEATH B	JT NO	OT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS A	UTOPSY
CERTIFICATION	200 ACCIDENT WA	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCUR	RED.	Enter nature of injury in P	ort I or Por	1 II of item 18.)		1.	YES 🔲	но 🗆
	(IF EITHER, NOTIFY 20c. TIME OF INJUR		ar 20d. I			E OF INJURY (Home, form,		y or tawn)	(1	County)		(State)
MEDICAL	Hour o.m.	19	While of wor	rk at wark	foctor	y, street, office bldg., etc.	7					
		at I attended the	deceas	ed fram 5- 6	Ih a	ccurred at 2 15 A	 _M, from	19√∑8 m the causes a	that I nd on t			
	ACTUAL SIGNATURE		2.4	Legg	M.I	llei	DORESS (S	treet, city or fowel, :	ride)	er M	IN S	te signe 3-8-1
	PHYSICIAN'S NAME (Type)	T; H.	LIEG	GIND		UNION	B	RIDGE	0	<u></u>	11	10
220	BURIAL CREMATIC REMOVAL (Specify)	March 9/	1958	22c. NAME OF CEMETERY Chapal	OR (REMATORY		Tion (City, town, or ertown Rus		3/	(State)	
23.	FUNERAL DIRECTOR			ADDRESS Walkersville	М	A.	AR 1 1	TRAR 24bc REGIS		GNATURE		

BUREAU V. S.

STEL LI PAIN

03289

	329	97	CERTIFIC	CAT	E OF DE	ATH	1		Reg.	Dist. No		
1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAN	2.	USUAL RESIDEN o. STATE Maryl	end	ere deceased	Lived. If institu b. COUNT	V	ederi	_	sion)
RURAL and give	(If autside corporate fim neorest town) ederick	its, write	c. LENGTH OF STAY IN 1	ь	c. city or tov		•	rote limits, write	RURAL ar	nd give ne	arest low	n)
	PITAL (If not in hospital, a	give street o		#	d STREET ADD	_					e. IS RES	SIDENCE
	South Jeffe	rson	St.		471 W	est	South	St.				NO 1
3. NAME OF DECEASED (Type or print)	Bla	nche	Middle		tcher		4. DATE OF DEATH		arch	15		Year 19 58
5. SEX	6. COLOR OR RACE		NEVER MARRIED I		NOV. 11-	3 860	,	9. AGE (In year last birthdoy)			Hours	ER 24 HRS Min.
10a. USUAL OCCUPAT		done 10b.	KIND OF BUSINESS OR IN			E (Stote	or foreign ci			CITIZEN C	F WHAT	COUNTR
13. FATHER'S NAME	skeepring		OMIT TIOMES	1	4. MOTHER'S MA		-			0.0	10170	
John	H. Butcher	-			Mary	Wa]	Lter					
15. WAS DECEASED ET	VER IN U. S. ARMED FOR				RMANT				dress			
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c			Je	ncen	lic	ردسد	OS. Jei		LINT	ERVAL BE	ETWEEN
, × Conditions, if							2					7
gave rise to coese (a), statin lying cause los	g the under-	1.	aterio S	کی خ	ours co	,				/	W,	K
PART II. O	THER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO TH	IE TERMI	NAL DISEAS	E CONDITION G	IVEN IN P	'ART 1(a)	PERFO	AUTOPSY PRMED?
	WAS UNDERLYING GAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RREÐ. (E	inter nature of in	ijury in F	art I or Par	I II of item 18.)				
ZOc. TIME OF INJ	10	While	NJURY OCCURRED 20e. Not while at work	PLACE	OF INJURY (Hor , street, office bl	ne, form dg., etc.	, 20f. (City)	or town)	,	(County)		(Stole)
alive an	that I attended the		ed fram <u>72 &v 1</u>		curred at 11	:001	M, fron	reet, city or towr	and an	the do	ite state	
ACTUAL SIGNATURE PHYSICIAN'S	(A) A1	, L (J	> h (L)	M.D				ch St. Maryland				******
22g. BURIAL, CREMAT REMOVAL (Specil Burial	Dr. E.P. Tr	OF .	22c. NAME OF CEMETERY		REMATORY	edel	22d. LOCAT	ION (City, town,	or county		(Stol	e)
23. FUNERAL DIRECTO	or's SIGNATURE	N.	ADDRESS Frederick-Na		24	la. REC'I	MAH-Z	RAR 246. (EG	ISTRATES	SIGNATO	RE/	

le funeral directar, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. TO FUNERAL YS A15 (4) 15M 9/SS

BUREAU V. R.

8261 38 AAM :

DECEIAED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3332 Tem 2 P11 225 3-23-54 et CERTIFICATE OF DEATH

03291

Frederick Co. Chronic Hospital Frederick Co. Home YES 3. NAME OF DECEASED First Middle Light 4. DATE Month Day	DENCE
Frederick b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town RURAL	DENCE FARM? NO
RURAL and give nearest town) RURAL—Frederick d NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION Frederick Co. Chronic Hospital Addle Frederick Co. Chronic Hospital Frederick Co. Chronic Hospital Addle Frederick Co. Chronic Hospital Frederick Co. Chronic Hospital Addle Frederick Co. Month OB OB Month OF Month OB	DENCE FARM? NO
Rural—Frederick Yrs.— I / Aut/al/— Frederick d NAME OF HOSPITAL (If not in haspital, give street address) OF INSTITUTION Frederick Co. Chronic Hospital 3. NAME OF DECEASED First Middle Day Month Day	NO [
OR INSTITUTION Frederick Co. Chronic Hospital Frederick Co. Chronic Hospital 3. NAME OF DECEASED Month OF OF Month OF	NO [
3. NAME OF DECEASED First Middle Lost 4. DATE Month Day OF	
DECEASED	
(Type or print) Charles Leo Carlin -Jr. DEATH March 9	^{(eor}
5. SEX 6. COLOR OR RACE 7. WINNIED THE VERY WARKED TO 8. DATE OF BIRTH 9 AGE (In years lost birthday) Months Days Hours	R 24 HRS.
Male White widowed 2 *** 9-20-1883 Tu yrs. Months Days Hours	Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or fareign country) 12 CITIZEN OF WHAT	COUNTRY
Do not know Maryland U.S.A.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
*Bornot Another Charles L. Carlin Bornot Martha Carnegie	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1Yor, no. or unknown) If you, give wor or dotes of service 220	
?	Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	TWEEN
PART I. DEATH WAS CAUSED BY: Chronics onyscardation ONSET AND	10.
4 d. d. DUE TO 1) - 1/2	
Conditions, if any, which) in all tenin dellares in	7O·
gave rise to immediate	
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	AUTOPSY
PERFO YES	RMED?
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS A PERFO YES OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour o. m. 20f. (County) While Not white at wark at	(Stale)
Hour o. m. While Not while factory, street, office bldg., etc.) p. m. 19 at wark at wark	
	deceased
alive an 11 mg, and that death accurred at 9:30P M, from the causes and an the date state	d abave
ADDRESS (Street, city or town, stote) ACTUAL ACTUAL	TE SIGNED
signature / / Cliee M.D. 7 Na Market St. 3-1/	-/73
PHYSICIAN'S Dr. H.F. Kline-Sr. Frederick-Maryland	
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Store)
REMOVAL (Specify) Burial March 12-58 St. John's Cemetery Frederick-Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	
C. E. Cline & Son Frederick-Maryland DATE MAR 1 4 '58 ()	

to Hospital of ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 re funeral director, should be filed with may be retermed by the haspital ar attending physician.

O FUNERAL CLOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after deothermal. TO FUNERAL VS A1S (4) 1SM 9/SS



BUNEAU V. S.

3333 **CERTIFICATE OF DEATH** Rea, Dist. No. , PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) e. COUNTY Frederick **b.** COUNTY MARYLAND Marvland Frederick uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) Life Rocky Ridge RD Rocky Ridge d. NAME OF HOSPITAL (If not in hospital, give street oddress) At STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO [7] 3. NAME OF Middle 4. DATE Month Bessie Gertrude (Type ar print) Clem DEATH March 19 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED 5. SEX 8 DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last-bigthdoy) Doys Female White WIDOWED TI DIVORCED T Hoa. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country)
Housewife Own home Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A. ond of 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter, Cleothus Eckenrode Etta Myers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Harry Saylor Rocky Fidge. None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which] gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? und obeiluque. YES TI NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Hour a.m. factory, street, office bldg, etc.) Not while at wark at work 21. I certify that I attended the deceased from July 195 that I last saw the deceased and that death occurred at 1.50/1/4, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Maryland PHYSICIAN'S Dr. E.A. Dettbarn NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMQVAL (Specify) Moravian Cemetery Graceham Maryland 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Pholedon A Thurmont, Md. Creager DATE MAR 2 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BURKAU V. E.

8691 88 **AAM**

BECEINED

1. PLACE OF DEATH

L CITY OF TOWN

RURAL and give Frederic

o. COUNTY

MARYLAN	ID STATE DEPAR	TME	NT OF HE	ALTI	H-BAL	TIMORE,	18				
3334	CERTIF	ICA	TE OF DE	ATI	Н		R	eg. Di	ist. No		
rederick	MARYLA	- 11	2. USUAL RESIDER o. STATE		here decease	d lived. If instit b. COUN			rede		
If outside corporate limits, wri	te c. LENGTH OF STAY IN	1b	c. CITY OR TO	WN (IF	outside corpo	rote limits, write	RURA	Lond	give ne		
c-Rural*RD#1	40 Years		× Frede	ric	k						
TAL (If not in hospital, give street address)			d. STREET ADDRESS								
M111		Worman's Mill									
First	Middle		Lost		4. DATE	M	lonth		Do		
CLAUI	DE CRAMER		CLEMS	NC	DEATH	12	arc	ch	13.		
6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	□ 8.	DATE OF BIRTH			9. AGE (In years lost birthday)		UNDER	R I YEAR		
White WIDO	OWED DIVORCED		August 11	4. 1	.878	120	n. M	onths	Doys		
ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUS- king life, even if retired)			TRY 11, BIRTHPLACE (Slote or foreign country)						12. CITIZEN C		
m Owner	Farming				yland				U		
			14. MOTHER'S MA	AIDEN I	NAME						
ichelas H. Cle	ensen		1	lary	E. Cr	amer					
R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INF	ORMANT			A	ddress				
No	None	Mr	s. Naomi	T.	Clemso	n,Same	as	Ite	m #		
ATM [Cates ash one some or	o line for (a) this and take I							-	Liver		

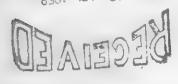
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nce before admission)

rederick

give negrest town!

d. NAME OF HOSP OR INSTITUTION e. IS RESIDENCE Worman's YES TO NO NAME OF Year Day DECEASED (Type or print) 13. 19 58 5. SEX R 1 YEAR IF UNDER 24 HRS. Hours Male 10o USUAL OCCUPAT. ITIZEN OF WHAT COUNTRY? during most of wo Retired Fa USA 13. FATHER'S NAME 15. WAS DECEASED BY #1 Na 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day. 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. Hour a. n. Not while of work of work p. m. 1952, to 2002 13, 1957, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 6:30P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Professional Building PHYSICIAN'S NAME (Type) Dr. B. O. Thomas Frederick, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Interment Mar. 16.1958 Mount Olivet Cemetery Frederick. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR -24b. REGISTRAR'S SIGNATURE DAMAR 1 M. R. Etchison & Son, Frederick, Maryland Ti-esuch



8361 LI Evic

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03294

3324 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) FREDERICK · COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest fown) RUNIWICK RUNSWICK d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR (NSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? SECOND SECON YES NOT NAME OF Middle 4. DATE Month Day DECEASED DEATH (Type or print) 10 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR! IF UNDER 24 HRS 5. SEX Months Davs Hours WIDOWED I DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OUSF WIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOWN IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT BRUNSWICK IB. CAUSE OF DEATH [Enter only one couse per liperfor INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 11.50.0 DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 20

a ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of ilem 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work 1958 that I last saw the deceased 21. I certify that I attended the deceased from ___ and that death occurred at 6 P. M., from the causes and on the date stated above. alive an_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 226. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

10



BUREAU V. S.

			-								Keg. U	131, 140	•	
	COUNTY Free	derick		MARY	LAND	2. USUAL RESID o. STATE	ence (wh		d lived. If i b. CC	nstitution DUNTY	reside Fred	nce befo	re odmi	ssion)
Ъ. (CITY OR TOWN (IF RURAL and give need Frederic	outside corporale limits, v rest town) &	write	e. LENGTH OF STAY	IN 16	c. CITY OR TO	own (if o		prote limits, s	write RUI	RAL ond	give ne	arest fow	m)
d. I	NAME OF HOSPITA OR INSTITUTION PEGETICK	L (If not in hospitol, give Memorial, Ho	street od Spi1	ldress) tal		d. STREET AL		st Pa	trick	Str	eet		ON	SIDENCE A FARM?
DEC	ME OF CEASED pe or print)	CHARLE		Middle EDWARD)	COLE, S		4. DATE OF DEATH		Month	rch	1,	ıy	Year 1958
5. SEX	lale	6. COLOR OR RACE 7. White w	MARRIE IDOWED			18 Nov			9. AGE (In last birth 62	yeors I idoy) yrs.	F UNDE	Doys	Hours	DER 24 HR Min.
Par	SUAL OCCUPATION pring most of working THEY	N (Give kind of work done ig life, even if retired)		ind of Business o miture Bu		4	ce (Stote Lrylar		ountry)			TIZEN C	F WHA	T COUNT
	THER'S NAME					14. MOTHER'S		_						
	arles E. (- In-	Ida M.	Stor	ler						
15. W/ (Yes, no		IN U. S. ARMED FORCES	- I	DCIAL SECURITY NO 17-32-5246		s. Marga	ret V	Vickle	ss Col	Addre		as	Ite	n #2)
18	PART I. DEATI	H [Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line	for (a), (b), and (c).	de	a O L	Du K	net				INT	ONSET AND OF ATH	
	420,	DUE TO					7							
	Conditions, if any													
c	couse (o), stating the													
CATION		R SIGNIFICANT CONDITI	IONS CO	NTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	ON GIVE	N IN PAI	RT 1(o)	PERF	AUTOPS ORMED?
20	a. ACCIDENT WAS	T CAUSE OF DEATH I	b. DESCR	IBE HOW INJURY O	CCURRED	. (Enter noture of	injury in I	ort I or Po	t II of item	18.)		1	163	J 110 [2
مسا پ	EITHER, NOTIFY M	NEDICAL EXAMINER)	** * * * * * * * * * * * * * * * * * * *											
MEDIC	c. TIME OF INJURY Hour a. p. p. m.		While .	URY OCCURRED Not while of work	foci	CE OF INJURY INTO A STREET, OFFICE	lome, tarm bldg., etc.	, 20f. (Cit	y or lown)			(County)		(\$101
	live on my	it I attended the de	eceasea			19.97	10	New	1	9 V F	that 1	last se	aw the	decea
G	live on	N/I/I	124	$\Delta_{-,-}$, and that	death	occurred at_			n the cau Ireet, city or			the da		led abo
A(CTUAL GNATURE	Mille	<u>io</u> _		A	A.D. 7 N.		,	Free			Md.		3 – 58
Ph	HYSICIAN'S H	· F. Kline,	M. I) .		7	Ede	rest	1/2	id.				
220. B	URIAL, CREMATION	3-4-58		Mount Oli				22d. LOCA Fred	TION (City. erick	town, or Ma	county) ryla	nd	(Sto	ole)
23. FUI	NERAL DIRECTOR'S	SIGNATURE nison & Son,	Fre	ADDRESS ederick, M	aryl	and		SY REGIS	158 24b	REGIST	RAR'S SI	GNATU	RE ₂	

may be reta TO FUNERAL DARE page 3 shauld be the registrar prio VS A15 (4) 15M 9/55

directar

attending physician

haspital ar attending physician. After this certificate has been signed by the



	38	335	CERTIFICA	AIE OF DEAI	Н	Reg. Dist. 1	No.
1. PLACE OF D	rederick		MARYLAND	o. STATE	land b.	f institution, Residence becounty	erick
b. CITY OR T	TOWN (If outside corporate d give nearest town)	e limits, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN!	f outside corporate limit	s, write RURAL and give	negrest town]
d. NAME OF	F HOSPITAL (If not in hospi TUTION	tol, give street oddres		d. STREET ADDRESS		seres.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or prir	m MAMi	First GR	Middle OSHON	CRUM	4. DATE OF DEATH 2		Day Yeor 18 19 3 6
5. SEX	6. COLOR OR R	ACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb. 21, 18	9. AGE (last b)	irthday) Months Day	AR IF UNDER 24 HRS 4 Hours Min.
100 USUAL OC during mos	CCUPATION (Give kind of value of working life, even if re	vork done 10b KIND chired)	of Business or Indu	marul	le or foreign country)		S.A.
13. FATHER'S N		Gros	lion	Mary Co	etherine	Herr	
15. WAS DECEA	ASED EVER IN U. S. ARMED	FORCES? 16. SOCIA	L SECURITY NO. 17. 1	r. Bruce E	· Crune	Address R.F.D.3.7	red., my
Condition	ins, if any, which) te to immediate of the property of the pr	BY:	dias des	conquere udervoscu	ation la direc	re d	NTERVAL BETWEEN INSET AND DEATH INSET AND DEATH INSET AND LEATH INSET AND LAYER SECURIS LYCE
<u> </u>	IT II. OTHER SIGNIFICANT					•	19. WAS AUTOPSY PERFORMED? YES NO
	DENT WAS UNDERLYING E RIBUTING III CAUSE OF DE NOTIFY MEDICAL EXAMIN	ATH IER)		D. (Enter nature of injury i			
	OF INJURY Month, Day, a, m. p. m.	Year 20d, INJURY While I at work	Not while to	ACE OF INJURY (Home, fa tary, street, affice bldg., e	rm, 20f. (City ar tawn)	(Саня	ty) (State
21. I cer alive on	rtify that I attended	the deceased fr		occurred at C130			
SIGNATUR PHYSICIAN NAME (Ty)	's EPNIPS	TA. DET	TBARN	M.D. Mill	Jusville	, Marylo	ud
220. BURIAL, C REMOVAL	REMATION, 226. DATE THE (Specify)	58 77	NAME OF CEMETERY O	R CREMATORY	Woods	y, tawn, ar county)	(State)
3. FUNERAL D	Barton	Walk	ersville,	200-	C'D BY REGISTRAR 2 WAR 2 1 '58	46. REGISTRAR'S SIGNA	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours offer death. Page 4 may be refected by the haspital or attending physicion.

O FUNERAL CTOR: After this certificate has been signed by the attending physicion and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. may be ret VS A15 (4) 1SM 9/55

he funeral directar, should be filed with

A REDEAT

UREAU V. S.

2220

CERTIFICATE OF DEATH

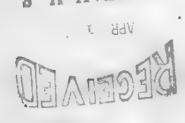
03297

		3	300	CERTI	FICA	IE OF D	CAIL	1		Reg. D	ist. No.		
PLACE OF o. COUNT	V	rederick		MARY	(LAND	2. USUAL RESID o. STATE	ence (whearyla	nd	d lived. If institution b. COUNTY		nce befo deri		sion)
b. CITY OF	R TOWN (If	outside corporate li arest town) rederick	mits, write	c. LENGTH OF STAY	- 11			R.D.#	rote limits, write R	URAL ond	givened	rest towi	n)
d. NAME	OF HOSPITA	AL (If not in hospital,	_			d. STREET AC	DRESS		CITO	1 40			FARM?
		<u>Patrick</u> ar					near	Frede	rick			YES _	NO 🔀
3. NAME OF DECEASED			First	Middle		Last		4. DATE	Mon	_	Do	*	Year
(Type or p	rint)	Zebulon		Preston		Darne		DEATH		h 28			19 58
5. SEX		6. COLOR OR RACI	7. MARE	HED NEVER MARRI		DATE OF BIRTH			9. AGE (In years lost birthday)	Months Months	Doys	Hours	ER 24 HRS Min.
Male		White	WIDOW			June 26			70 yrs.				
10a. USUAL (OCCUPATION TO STATE OF WORK	N (Give kind of working life, even if retire	k done 10b	KIND OF BUSINESS C	OR INDUST	RY 11 BIRTHPLA	CE (Slote	or foreign c	ountry)	12. CI		F WHAT	COUNTRY
_		Laborer		Steel Work	er	Mar	yland				USA		
13. FATHER'S	NAME					14. MOTHER'S							
Jo	hn S.	T.Darner				Sara	h F.W	erkin	5				
15, WAS DEC (Yes, no. or unkr		R IN U. S. ARMED FO If yes, give wor or dates o	Exercical	SOCIAL SECURITY NO 4-10-3723		ormant s John 1	w.Wil	es,Fr	ederick,		.D.#	4	
18. CAU	SE OF DEA	TH [Enter only one	cause per Ji	for (o), (b), gnd (c).	1 0	0					LINT	ERVAL BE	TWEEN
	ART I. DEAT	TH WAS CAUSED BY	(Onolera	0-	Louis	11 %	200				ET AND	
33/	X	DUE 1		7		4.77		7	-		_ o<	110	
Condit	ions, if an		4	esa-ele	2-06	10.00		20 100	1816		1	00	7100
gove	rise to in	nmediate	(10)		77	CINKE		SUC			-		7,00
	o), stating touse lost.	me unger-											
			(c) INDITIONS_(CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS PERFO	DRMED?
	TRIBUTING R, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of	injury in f	Port I or Port	t II of item 18.)				
	OF INJURY		White	Not while	20e. PLAC	E OF INJURY (H	ome, farm bldg., etc.	20f. (City	or town)		(County)		(State)
ž	ρ. m.	19	of wor	k of work				1					
21. I ¢	ertify the	at I attended th	e deceas		our	, 19.5.6		Ma	<u> 228 195</u>	that I	last so	w the	deceased
alive a	ın	Mar 20	12	and that	death o	accurred a	:55_I	Me from	n the causes a	nd an	the da	te state	ed above
		200	PI	2 .				ADDRESS (SI	reet, city or town,	stote)			ATE SIGNED
ACTUAL SIGNATU	RE	X, V	1/0	/ree	RM.	D	200	yrs	our'			3	1291
PHYSICI/ NAME (1	N'S	A.T.Brice	w			$\bigcirc_{\mathtt{J}}$	// effer	son,	Maryland				73
220. BURIAL,			EOF	22c. NAME OF CEM	ETERY OR			22d. LOCAT	IION (City, town, o	r county)		[Stot	e)
Buri	(Specify)	3/31/5	8	St.Paul	is Ca	metery		Jef	ferson	,,	Md.		•
23. FUNERAL				ADDRESS			24a. REC'I	BY REGIST	RAR 245. REGIS	TRARES SI	GNATU	E)	
M.R.E	Tchis	on and So	m, Fre	ederick, Me	i.	-	DATE	APR 1	'58	3.1-2	au	h	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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BUREAU V. S.

with PLACE OF DEATH o. COUNTY filed MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) YENRS d. NAME OF HOSFITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 2 3. NAME OF Middle 4. DATE Last DECEASED OF DEATH EBECCA (Type or print) LARA 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH 5. SEX COLORED WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (of DUE TO permit. Canditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day. Year factory, street, affice bldg., etc. o. n. While Not while at work 🗔 at work p. m. 21. I certify that I attended the deceased from and that death occurred at-4 ACTUAL PHYSICIAN'S NAME (Type) FUNE 220 BURIAL, CREMATION, 22b. DATE THEREOF 22É. NAME OF CEMETERY OR CREMATORY MOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3336 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) TOWN e. IS RESIDENCE ON A FARM? YES NO [] Month Year Day IRC.H 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months 2 yrs. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20f. (City or town) (County) (Stote) ...that I last saw the deceased M. from the causes and on the date stated above. ADDRESS (Street. 22d. LOCATION (City, lawn, or county) (Stote) 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

VS A15 (4) 15M 9/55

FUDEAU V. E.

31 AAM



		99() <u>1</u>	CERT	IFIÇA	IE OF L	EATH			Reg. D	ist. No.		
1.	PLACE OF DEATH o. COUNTY	rederick		MAR	YLAND	o. STATE	DENCE (Who	-	d lived. If institut b. COUNT	v	nce befor		ion)
	b. CITY OR TOWN (If RURAL and give nec	outside corporate limi	ls, write	c. LENGTH OF STAT	(IN 16	c. CITY OR	TOWN (If ou	ilside corpo	rote limits, write	RURAL ond	give nea	rest town]
	F	rederick		Lifetime		11	Freder	rick					
	d NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street	oddress)		d. STREET A			IS RESIDENCE ON A FARM?				
_	F	rederick M	emor	<u>ial Hospit</u>	al	/	<u>104 Ea</u>	ast 2r	d. Stree	et			NO 🔟
3.	NAME OF DECEASED	Fir	si	Middle		Los	ıl	4. DATE OF	Mo				
	(Type or print)	Louise		Elizabet		Dorsey		DEATH		rch 1			19 58
5.	SEX	6. COLOR OR RACE		AND COMPANY OF COMP		DATE OF BIRT			9. AGE (In years last bighday) 03 yrs	Months	R 1 YEAR	IF UNDE	R 24 HRS. Min.
Female White WIDOWED 法 计数据数据 June 24-1874 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign													
TUC	during most of worki	ng life, even if retired			OR INDUS		_		ountry)	12. C			COUNTRY
12	House	Wlie		Own Home		M. MOTHER'S	arylar				0.5	5.A.	
13.		banaia Oma						_	41 17-121				
16	WAS DECEASED EVER	rancis Cro		COCIAL SECTIONS AN) 17 II	FORMANT	ary El	Lizabe	th Neid	dress			
{Ye	s, no, or unknown) [f	f yes, give wor or dates of s	ervice)	None			E Dor	corr.l	007 Con		TRT#	ach -	D C
_	NO CAUSE OF DEAL	H [Enter only one co				o Mary	D. DOT	Sey-L	FOOT COLL	Ye Hrac		ERVAL BE	
	1	H WAS CAUSED BY:	0	101 (0), (b), ond (c)			- 1.	•			ÖNS	ET AND	DEATH
	,, ,	IMMEDIATE CAUSE (o DUE TO	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	carse you	aluga	many	Roce	man.			6 Mary		
	Conditions, if on		(A	2	0. 7	9-11	/	+ 1			-	-	-
	gove rise to in	mediote (1 6/4	the many	يادو بدريات	~ / ·	A frage	ac	althan			72.5	~ /
	casse (a), stating the lying couse lost.	ue nucei-											
Z		(c ER SIGNIFICANT CON		CONTRIBUTING TO DI	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
TATION												PERFO YES	RMED?
TIFF	200 ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY	CCURRED	. (Enter noture o	of injury in P	ort I or Par	t II of item 18.)				
CER	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	LI CAUSE OF DEATH MEDICAL EXAMINER)											
KAL	20c. TIME OF INJURY	Month, Day, Yes		NJURY OCCURRED		CE OF INJURY			or town)		(County)		(State)
MEDI	Hour a.m. p.m.	19	While at wor	k Ot work	Ide	ary, street, offici	e biog., erc.)	'					
	21. I certify the	at I attended the	deceos	ed from No	V-	19574	1. 10 m	with	15 195	C.thot (lost so	w the	decenser
	olive on Mic		_ 12 5						n the causes				
	1	/	-/	~ //					lreel, city or lown				TE SIGNED
	ACTUAL SIGNATURE	inos l		hare	^	LD. 4	East	Churc	h Street	t		3-1	7-58
	DILLY CHOICE AND C												
	NAME (Type)	r. H.V.Cha	ls e			F	rederi	ick- 1	[aryland				
22	BURIAL, CREMATION REMOVAL (Specify)	1, 226. DATE THEREC	F	22c. NAME OF CEA	AETERY OF	CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote	P)
	Burial	第18-19 -195	8	St. John	's Ce	metery			rederick		lary)		
23.	FUNERAL DIRECTOR'S	SIGNATURE	N.	ADDRESS	Manu	Jand		BY REGIST	RAR 24b. REG	ISTRAR'S S	GNAŤUR	Æ	
1	- E. Cler	ne de son		Frederick-	Mary	Tand	DATE	1 9 '5	8 600	(.	- /		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 he funeral director, should be filed with moy be retained by the haspital ar attending physicion.

• CTOR: After this certificate has been signed by the attending physicion and commetely filled in page 3 should be detached for use as the burial-transit permit. Then please present carbon pomers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR moy be ret TO FUNERA page 3 should be VS A15 (4) 1SM 9/55

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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L		3338	3	CERTIF	ICAT	E OF DEAT	Ή		Reg. Dis		330%
١.	PLACE OF DEATH	ederick		MARYL		USUAL RESIDENCE (No. STATE Mary	Where deceose	d lived. If instituti b. COUNTY		ce before o lerick	
	RURAL ond give	(If outside corporate lim		e. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (III		rote limits, write R Rural RD#		jive nearest	town)
	d. NAME OF HOSP OR INSTITUTION Near Dou	ITAL (If not in hospitol,	give street	oddress)		d. STREET ADDRESS Near	Doubs				S RESIDENCE ON A FARM? ES NO
3.	NAME OF DECEASED (Type or print)	Fi GEO	ni RGE	Middle WEBSTE	R	FITZE, SR	4. DATE OF DEATH	Mor Ma	arch	Doy 11.	Year 19 58
5.	sex Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED ED DIVORCED	_	ATE OF BIRTH 14 Aug 187	8	9 AGE (In years lost birthdoy) yrs			UNDER 24 HRS. ours Min.
10	o. USUAL OCCUPAT during most of was Retired F	ION (Give kind of work irking ife, even if retired ATMER	done 10b.	kind of Business or arm Owner	INDUSTRY	11. BIRTHPLACE (Sto Marylan		country)	12. CIT		VHAT COUNTRY
1	father's name George Fi	tze			1	4. MOTHER'S MAIDEN Elizabeth	_	eld			
15.	. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give wor or dates of		SOCIAL SECURITY NO.	Miss	rmant Barbara M	. Fitz	Add e (Same		em #1	.)
O	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CO			CONTRIBUTING TO DEAT	H BUT NO	In lieu S	MINAL DISEAS	EE CONDITION GIV	/EN IN PART	T 1(0) 19. <u>v</u>	The MAS AUTOPSY
CERT	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF	YAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	n Port I or Por	t II of item 18.)			ERFORMED?
MEDICAL	20c. TIME OF INJU Hour a. ft. p. m.		While	NJURY OCCURRED Not while of work		OF INJURY (Home, far street, office bidg., e		y or town)	(0	County)	(Stote)
	actual signature	hat I attended the -10	12 5 UL 1	and that c	4	. 195/, to curred at 9:10 30 V/ . All	ADDRESS (S	n the causes o	and on th	ne date s	the decease stated above PATE SIGNE 3-12-58
22		ON, 226. DATE THEREO)F	20c. NAME OF CEMET Mount Carm				TION (City, town, orick Cour			(Stote) nd
23.	M. R. Et		n, Fr	ADORESS ederick, Ma	rylan	4	C'D BY REGIST	TRAR 24b. REGIS	STRAR'S SIG		

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Middletown. Nd.

DATE PR 2

VS. A15ME

5M 2/57

PERENAED A'S

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	3340 CERTIFICATE OF DEATH Reg. Dist. No. (1331)4
- ·′	1. PLACE OF DEATH o COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o STATE Maryland b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Thurmont—rural Life Thurmont,—rural
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION o. 1S RESIDENCE ON A FARM? YES NOTE:
	3. NAME OF DECEASED (Type or print) Annie Bell Fogle 4. DATE Month Day Year DEATH March 23 19 58
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. 1891 1
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11c. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME John F. Starner Lana Baker
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No (If yet, give wer or doing of service) 219-14-9364 Mrs. Elsworth Welsh Thurmont RD 1, M
	18. CAUSE OF DEATH [Enter only one couse perfine for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY. DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost. (c) Conditions of the course couse (o), storing the under-lying couse lost.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	County C
1	21. I certify that I attended the deceased from 1/2-1/5, 19 57 to 12-ch, 1923, that I lost saw the deceased alive on 12-ch, 1958, and that death occurred at 12-AM, from the causes and on the date stated above. ACTUAL SIGNATURE MD. CENTRAL MD. 3/25/58 PHYSICIAN'S NAME (Type) Uames K. Gray
	20. BURIAL CREMATION. 27b. DATE THEREOF BUTTAL Specify 3-26-58 United Brethern Cem. Thurmont, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECID BY REGISTRAR 245-REGISTRAR'S SIGNATURE
	23. FUNERAL DIRECTOR'S SIGNATURE Raymond E Creager Thurmont, Marylandate MAR 2 7 '58 240. REC'R BY REGISTRAR 240 REGISTRAR'S SIGNATURE Raymond E Creager Thurmont, Marylandate MAR 2 7 '58

BUBEAU V. K.

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VI-		0.0										Keg. Dist.	. 140.		
)[1	PLACE OF DEATH					- 11	2. USUAL RESID	DENCE (Wh	ere deceose			Residence	before	odmissic	on)
L	Frede	rick			MARYLAI	ND		Mary]	land	ь. сс	YTAUC	Fre	eder	rick	
	b CITY OR TOWN (IF	outside corporate limi	ts, write	c LENGTH	OF STAY IN	1b	c. CITY OR I	OWN [IF or	utside corpo	rote limits,	write RUI	RAL and gli	ve neare	st town)	
	Middlet]_		vear	3s l	× Mid	dleto	wn I	ural					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)			/ d. STREET A	DDRESS						IS RESII ON A I YES 🔽	FARM?
3.	NAME OF DECEASED	Fir	el le		Middle		Los	ł	4. DATE		Month		Doy Yeor		101
П	(Type or print)	Marv		Re	becca	1	Gaver		OF DEATH		3		20	2	9 58
- 10	SEX	6 COLOR OR RACE	7. MAR		ER MARRIED		DATE OF BIRTH			9. AGE (In	years I	FUNDER I	\rightarrow		
f	emale	white	WIDOW	ED 🔯	DIVORCED [⊐ :	12/24/	1867		lost birt	yra.	Months D	Ogya	Hours	Min.
Ti	o. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BU	ISINESS OR II	NDUST	TRY 11. BIRTHPLACE (State or foreign country) 12.					12. CITIZ	EN OF	WHAT (COUNTRY
	housew		'	own	home		Ma	rylar	nd				U.S	3.	
1:	L FATHER'S NAME						14. MOTHER'S	MAIDEN N	AME						
1	Lawson	F. Aushe	rmar	1			Ma	ry Ho	offma	ster					
15	. WAS DECEASED EVER		CES? 16.	SOCIAL SEC	URITY NO.	17. INF	ORMANT				Addre	35			
Ľ	(et. no. or unknown)	T PER SITE WES OF BEING OF F		none		Mi:	Vad	a Gav	ver,	Midd	leto	own,	Md.		
	18. CAUSE OF DEAT	TH [Enter anly one co	use per li	ne for (a), (b)). ond (c) j		/							VAL BET	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o		1/1/20	21	1	True	inc	1-24	- e-			NSE!		21/05
	forth 10 am	DUE TO)		/	/									
	Conditions, if an		1	-1	_ A	0	//_	A /	Mr.						
	gove rise to in couse (o), stoting t			40	aleza	Lai	He-a	TX C	likie						
1.	lying couse lost.	(c)	77 1.											
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTIN	IG TO DEATH	BUTN	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITI	ON GIVE	N IN PART	l(o) 19.	WAS A	UTOPSY MED?
13	Hall Com												١	YES 🔲	NO 🔲
CEPTIEICATION		CAUSE OF DEATH	20b. DES	CRIBE HOW	INJURY OCCI	UR RED.	(Enter noture o	finjury in P	'ori Lar Par	t (I of item	18.)				
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCL			E OF INJURY (or town)		(Ca	unty)		(State)
ME	Hour o.m.	19	While of wor				,,,	3.00							
	21. 1 certify the	at I attended the	deceas	sed fram_	mar	2	7, 1955	, ta_7	Mari	1/241	9551	that I la	ist saw	the c	leceased
	alive an	Mari	, 19_			1	iccurred at	12151	M, fran						
		\cap	001			,			ADDRESS (S					DA	TE SIGNED
	ACTUAL SIGNATURE	(/	26	11662	Har	UPM.	D		ned	124	701	5		3-21	-58
	PHYSICIAN'S INAME (Type)	r. J. <u>£</u> 1		Harp		1	** ** **	Mid	dleto	wn.	Md.	***			
2	O BURIAL CREMATION	N, 226. DATE THEREC)F	22c. NAME	OF CEMETE	RY OR	CREMATORY			TION (City.	town or	county),~	1	(Stote)	
	REMOVAL (Specify)	3/23/1	958	Luth	neran	Cer	neterv		Myer	cryil	1e 3	The Park	340		
2	FUNERAL DIRECTOR'S		,	ADDRE	SS				BY REGIST			RAR'S SIGN	URE		
	Gladhil	1 Compan	У.	Middl	letown	2,	Md.	DATAGAR	2 6 '5	8	JU-1-	educe	M-		

10 HISPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be ref VS A15 (4) 15M 9/S5

may be retained by the hospital or attending physician.

DILINITARE XECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remare corbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

the funeral director, should be filed with

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may be ret

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3304 **CERTIFICA**

TE OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (Where deceased lived,	If institution: Residence before admission)

000619

î.	PLACE OF DEATH O. COUNTY Fred	erick	MARYLAND	2. USUAL RESI	aryla:	nere deceased li	b. COUNTY	Frede			ion)
	b. CITY OR TOWN (IF RURAL and give nec Frederic	autside corporate limits, write grest town) K	c. LENGTH OF STAY IN 1b	c. CITY OR		ulside carporot	e limits, write RI	JRAL and g	ive near	est fown)
	d. NAME OF HOSPITA OF INSTITUTION 730 Nort	h Market Stre	et oddress)	d. STREET /		rth Mar	ket Stre	eet	0		DENCE FARM? NO Z
i	NAME OF DECEASED (Type or print)	Fini MYRTLE	ALICE KUHIM	AN GITT		4. DATE OF DEATH	Mont	arch	18,		rear 1958
5.	Female	mn. sa .	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT 7 Sept	1887	9.	AGE (In yeors lost birthday) yrs.	Months	Doys	Hours	R 24 HRS, Min.
100	USUAL OCCUPATIO during most of worki HOUSE-	ng life, even if retired)	b. KIND OF BUSINESS OR INDU	1		or foreign cour K, Mary		12. CITI		WHAT	COUNTRY
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN N	IAME					
	George	R. Moberly		Mar	y Catl	herine	Barnes				
15. (Ye		IN U. S. ARMED FORCES? If yes, give war ar dates of service)		nformant arles V.	Fulme	31. Fr	7 S. Mai ederick,	ket S Md.	St.,		
		mediate (Coronary	throm.	Ver Ver	i of S	lucian	e		T AND	
CERTIFICATION	20a. ACCIDENT WAS	Maleter	SCONTRIBUTING TO DEATH BUT McClitus ESCRIBE HOW INJURY OCCURRE	290	trefi	ucm	2de	EN IN PART	1(0) 19	PERFO	AUTOPSY RMED? NO.
MEDICAL CE	(IF EITHER, NOTIFY / 20c. TIME OF INJURY Hour o. n. p. m.	Medical Examiner) Month, Day, Year 20d Whi	£_	ACE OF INJURY (r town)	(C	ounty)		(Stole)
	21. I certify that I attended the deceased from March 1/1, 1958 to March 18, 1958, that I last saw the deceased alive on March 14, 1958, and that death occurred at 1:15A M, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED SIGNATURE Clebert S. June, h. M.D. 7 E. Church St., Frederick, Md. 3-19-58										
	PHYSICIAN'S RO	bert S. Tarne	r, Jr., M. D.	1000000							
220	Burial, Cremation REMOVAL (Specify)	3-21-58	Mount Olivet		у		N (City, town, o		ıd	(Stote))
23.	FUNERAL DIRECTOR'S M. R. Etc	SIGNATURE hison & Son,	Frederick, Mary	land		Ron 158	R 24b. REGIS	TRAR'S SIG	NATURE		

BURRAU V. L

JELT HEY SAM

DECENALED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3342 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY filed b. COUNTY Frederick À MARYLAND Maryland death. uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest fown shauld i Sabillasville Sabillasvil yrs. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS NAME OF 4. DATE **First** Middle Lost Filled DECEASED FLORA VIOLET GFFIN DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 8 DATE OF BIRTH Wantabe WIDOWED [7] DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Store or foreign country) during most of working life, even if retired) Housewife 0wn home Marylard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jack Wolfe Blanche Paker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT -28-6870 Rex L. Green Sabillasville. No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 60 X DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) as the 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Yeor 20f. (City or town) factory, street, office bldg., etc.) Ноиг G. m. While Not while of work | of work . 1956 that I last saw the deceased 21. I certify_hat I attended the deceased from and that death occurred M. from the causes and an the date stated above. ACTUAL SIGNATURE pe PHYSICIAN'S NAME (Type)

TO FUNER

270 BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Fethel M.A. Cem. Mr. Garfield Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Thurmont. Raymond E. Creager DATE

03308

e. IS RESIDENCE ON A FARM? YES NO IN

Уеог

19

Min.

Reg. Dist. No.

Month

March

Address

Months

Frederick

Dov

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES 🗍 NO 🗍

(Stote)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

pode

SA CHILLS

SEE IT BY

TO A CHILLS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03309MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY **b** COUNTY files. Health, MARYLAND b. CITY OR TOWN III outside corporate c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE 3. NAME OF 4. DATE Middle Month First. DECEASED (Type or print) DEATH 7. MARRIED TO NEVER MARRIED TO 8 DATE OF BIRTH 9. AGE (In years JE JNDER LYEAR JE UNDER 24 HRS. Months 50 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ond during most of working life, even if retired) 14. MOTHER'S MAJOEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one coure per line for (o), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which pove rise to immediate cause DUE TO (a), stating the underlying cours last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19, WAS AUTOPS YES IN NO 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (Cily or town) 20c. TIME OF INJURY (County) factory, street, office bldg., etc.) White Not while Hour o. m. at work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . opinion death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER [7] should be FUNERAL DEPUTY MEDICAL EXAMINER TO NAME (Type) 220 BURIAL CREMATION 226. DATE THEREOF TERY 22d. LOCATION (City, town, or county) REMOVAL (Specify) h. Cene. CENT BURIAI 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE

ON A FARMS YES NO

Year

PERFORMED?

(State)

19"7

IIS. A15ME 5M 2/57



re funeral director.

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filled

puo

physician

carbon | ofter

death

after death: Page

hours

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND Frederick Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Adamstown Adamstern d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE First Middle Lost Month Year Day DECEASED OF DEATH (Type or print) 19 58 HERBERT LESTER HARRISON March 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min. WIDOWED I DIVORCED [male White yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Unknown Virginia USA Laberer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lilly Lee Reeves Walter Thomas Marrison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address J. Harri san Adamstern. Md 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 days IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the under-? unen lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEMPINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO THE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Not while (County) (Slote) Hour a. r. foctory, street, office bldg., etc.) While at work ot work p. m. 19 TE 10 ... 19 12 that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at ADDRESS (Street, city or town, state) 2/22/ER DATE SIGNED alive on ADDRESS (Street, city or town, state) 3/22/58 ACTUAL 228 North Market Street SIGNATUR PHYSICIAN'S NAME (Type) L.R.Schoolman.MD. Frederick. Md. 225. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 3/21:/58 Purial Union Cemetery Leeshurg 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Muse and Reed Leesburg. Va. DATAR 2 4 '58

certificate attending physicis on please remave of t within 72 hams death requires that the permit. been si certificate CTOR: o Š may be reta m VS A15 (4) 15M 9/55

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Entrava K. S.

EDG: 17 HV



MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	BALTIMORE,	18
- MEDIC	AL EX	AMINER'S	CFRT	IFICATE	OF DEATH	

03311

L		3345	DICA	L EXAMINER	3 CE	RIIFICA	IE OF	DEATH	Reg.	Dist. No	b.		
	o. COUNTY Fre	derick	MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) 9. STATE Maryland b. COUNTY Frederick							
	DOUDS OCHT OR TOWN (If outside corporate limits, write RURAL and give necrest lown)			c. LENGTH OF STAY IN 16 Years	c. C	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) X Doubs							
	d. NAME OF HOSPITA	AL OR INSTITUTION (I	f not in ho	spital, give street address)	d. S	TREET ADDRESS					ON	RESIDENCE A FARM?	
3.	NAME OF DECEASED	Fin	ı	Middle		Lost		Mont	Month		Doy Year		
	{Type or print}	EDNA		ELGIVA	HIC	KMAN	DEATH	March		n 26,		1958	
5.	Female	6. COLOR OR RACE White	7. MARRI		25 J	an 1884		9. AGE (in years last highday) 14 yrs.	Months	Days	IF UND Hours	Min.	
10	b. USUAL OCCUPATION (Give kind of work done lodging most of working life, even if relired) HOUSE-WORK		ione 10b. 1	Own Home		Maryland				12. CITIZEN O		OF WHAT COUNTRY	
13.	. FATHER'S NAME					14. MOTHER'S MAIDEN NAME							
	Meredita :			Ida Specht									
15. IYe	. WAS DECEASED EVE	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address									**		
	No. or unknown)	No 213-09-8079B M. Walter Hickman, Sr							as	item	#1)	,	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]										INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARRIAN COLORION										Minutes		
	420.1 DUE TO												
	Conditions, If any, which) (b)												
	gave rise to immediate cause (o), stating the underlying DUE TO												
	cause lost. (c)												
CERTIFICATION			NTIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN P	ART F(o)	9. WAS PERFO YES	AUTOPSY DRMED? NO	
	20a. EXTERNAL CAU PRIMARY ☐ ar CON CAUSE OF DEATH.	SE WAS ITRIBUTING (b. DESCRIBI	E HOW INJURY OCCURRED. (Enler notvi	e of injury in Pa	rt I or Port II	of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)									ounty)		(Stote)	
MED	Hour a. m. While Not while factory, street, office bldg., etc.)												
	21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection XX, Inquiry XX, and find the												
	death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .												
	ACTUM SIGNATURE	M.D. C	HIEF MEDICAL E	XAMINER [DATE S	SIGNED				
	NAME (Type) James B. Thomas, M. D.					ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER					3-26-58		
220	BURIAL CREMATION	3-29-58	F	22c. NAME OF CEMETERY OR Mount Olivet				TION (City, town, erick, Ma			(Stot	e)	
23.	FUNERAL DIRECTOR		E	ADDRESS	الم جدد		D BY REGIST		STRAR'S S	IGNATU	RE		
	M. H. DIC	ITZOH W DOL	rre	ederick, Maryl	API G	DATE M	AR 2 8 1	58	is Ric.	uch			

VS. A15ME(5) 5M 9/55

SEEL DO BAY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3305 CERTIFICATE OF DEATH

03312

0000		Reg. Dist. No.
o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RUFAL and give peacest town) Frederick	c. LENGTH OF STAY IN 16 Since 1950	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION 118 East Third Street	oddress)	d. STREET ADDRESS 118 East Third Street on A FARM YES NO
3. NAME OF First DECEASED (Type or print) NELLIE	Middle ESTEL	HICKMAN DATE Month Doy Year OF DEATH March 25, 195
Female White WIDOW	ED XX DIVORCED	8. DATE OF BIRTH 4. March 1874 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSE-WOLK	KIND OF BUSINESS OR INDUS	Virginia 12. CITIZEN OF WHAT COUNTY USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Samuel Luther Frey		Laura Jane Hickman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16s, no, or unknown] [III yes, gave wer or detect of service]		rs. Nita H. Arnold (Same as item #1)
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) 1442 X DUE TO		anal Va cular Dissone Interval BETWEET ONSET AND DEAT
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-</u> ying cause last.		
	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. jr. While ot wor	Not white fac	LACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (County) (Stockers, street, office bldg., etc.)
21. I certify that I ottended the deceas olive on 3, 2, 4, 19		n occurred at 1:45A M, from the couses and on the dote stoted ab ADDRESS (Street, city or town, stote) DATE SIG
ACTUAL SIGNATURE J.	une for	30 W. All Saints St. 3-25-58
NAME (Type) U. U. BOULTIE, UT	1. M. D.	Frederick, Md.
220. BURIAL CREMATION, 22b. DATE THEREOF BUTTAL 3-27-58	Union Cemete	(orde)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, F	rederick, Mary	yland 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havis after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55



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.2	deoth
carbon	■fter de
please remave carbon papers	72 hours
plear	within t
Tilen p	event
permit.	l, ond in ony event
iol-transit	noval, onc

ne funeral director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be reformed by the hospital or attending physicion.

O FUNERAL

CTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, crematian, or removal, and in any event within/72 hauss after death moy be reto VS A15 (4) 15M 9/5II

	1. PLACE OF DEATH					2. USUAL RESI	DENCE (Wh	ere decease	d lived If instituti	ani Reside	nce befo	re admiss	ion)
		Frederick		MARYL	AND		Maryl.		b. COUNTY		deri		
	b. CITY OR TOWN (If RURAL and give ne	i outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN	4 1Р	c. CITY OR	TOWN (IF or	utside corpo	rate limits, write R	URAL ond	give ne	arest town	1)
L		Frederick		18 days		Х	"Peac	e and	Plenty	near	Fre	deri	ck
I	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address]		d. STREET						e. IS RES	IDENCE FARM?
		Frederick I	<i>lemor</i>	ial Hospita	1	1							NO 🗌
	3. NAME OF DECEASED	Fir	st	Middle		Los	И	4. DATE OF	Mor	ith	Do	ıγ	Year
	(Type or print)	David		Cheste		Kemo		DEATH	I.	arch		3	19 58
1	5. SEX	6. COLOR OR RACE	7. MARI	RIED A NEWEX-MARKSE	EF B	DATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDE		<u> </u>	ER 24 HRS.
	Male	White	WAR.	REPLANCE CONTRACTOR		March	24-18	73	811 yrs.	Months	Days	Hours	Min
	10a. USUAL OCCUPATIO	N (Give kind of work- ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPI	LACE (State of	ar foreign c	ountry)	12 C	ITIZEN C	F WHAT	COUNTRY
l	Retired 1		'	Own Farm		Mar	yland				U.S	. A .	
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
1	D. Colu	umbus Kemp				Ann	a Wal	cutt	,				
	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Add		-2 -1-	3.5.3	
4	No	, , , , , ,		None	Mrs	. D. Ch	ester	Kemp-	- "Peace"	rede:	rick Plen	-Ma-	370.
Ī	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]							INT	ERVAL BE	TWEEN
1		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, (brence	a						ON	SET AND	CEATH.
1	1 2 1.0	DUE TO		7 11		4.				17	0		
١	Conditions, if an		, M	Mastale	a	mali	mar	ilea	do JET	KU	we	82	nao
	gave rise to in casse (a), stating t	nmediate (1		(0/1	01	00.		1/	,	
	lying cause last.	(<	M	sugnas	RE	400	alo	0	Ur_		12	y	0
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	ICT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9 WAS	AUTOPSY RMED?
)	3 000	rus-solu	ral	ie Flan	td	esla	re					YES [NO X
	PART II. OTH OUT TO THE OWNER OF CONTRIBUTING OF CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature o	of injury in P	art 1 or Par	t II of item 18.)				
		MEDICAL EXAMINER)											
	20c. TIME OF INJURY Hour o. m.	f Manth, Day, Ye	or 20d, li While		Oe. PLA	CE OF INJURY I	Home, form, e bldg., etc.	20f. (City	or town)		(County)		(Stote)
	p. m.	19	of war	k ol work						_/			
	21. I certify the	at I attended, the	deceas	ed from	لاير	1951	0 10.3	mar	04, 195	that I	last so	w the	decease
ı	alive an 2	much	12.	5, and that a	leath	occurred at	3:45A	M, from	n the causes o				
	01		1/	11-10	1	_			treet, city or town,				TE SIGNE
	ACTUAL	iarles	X	Oxuly	2/ N	D	Profe	ession	al Bldg.			3-4	1-5-8
ı	PHYSICIAN'S		•	L		,							
-		r. Charles	Н.	Conley Jr.			Frede	rick-	Maryland				
	22a. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC)F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCA	TION (City, tawn,	or county)		(State	e)
	Burlal	3-5-1958		Mt. Olive	et C	emeterv		Fre	derick-M	ar/vla	nd	7	
	23. FUNERAL DIRECTOR'S		N.	ADDRESS	. 1/		24a. RE60	REGIST	TREAD 246 REGU	TRAR'S	GNATU	NE .	
	C, E Cles	re 4 Sor	v	Frederick	-MS	ryland	DATE						

& .V UAZAUS

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be refu TO HOSPITAL

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3307

CERTIFICATE OF DEATH

03314 Reg. Dist. No.

		LACE OF DEATH	Frederick	MARYLAND	2. USUAL RESI	Marvl	e deceased lived.	If institution COUNTY		before odmis	sian)
	ŀ	o. CITY OR TOWN (IF RURAL and give ne		c. LENGTH OF STAY IN 15	c. CITY OR 1	TOWN (If out	side corporate lin				n}
			Frederick	l day	X		rick- Ro	<u>oute 6</u>			
,	1	OR INSTITUTION	AL (If not in haspital, give street Frederick Memo	•	d. STREET A	DDRESS					SIDENCE A FARM? NO [X]
	3 1	NAME OF	First	Middle	Los	. 1/	DATE	., .,			
		DECEASED (Type or print)	Vivien	17.1	ennedy	`	OF DEATH	Mont Marel		Doy	Yeor 19 58
	5. 9	EX	6. COLOR OR RACE 7. MARI	RIED NEVER-MARMED	8. DATE OF BIRTI	+	9. AG			YEAR IF UND	ER 24 HRS.
-		Female		RALES CONDICER ED		3-1913		birthday) 45 yrs.		ays Haurs	Min.
r I	10a	. USUAL OCCUPATIO during mast af warki	N (Give kind of wark done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State or	foreign country)		12. CITIZI	EN OF WHAT	COUNTRY
	1	Registere			Pen	nsylva	nia		υ.	S.A.	
-1	13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME				
		Glenn	mer Blessing		Amv	Davis					
			IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	NFORMANT			Addre	55		
	1.00	No	2		loh E. K	ennedy	- Route	6- Fr	rederi	ck-Md.	
			TH [Enter only and cause per li	ne far (a), (b), and (c).]						INTERVAL BE	TWEEN
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	uns pr	was.	2-2-2-	1-2-			8 dans	~
/		492X	DUE TO		ø	- 4				01	
4		Canditions, if an	y, which) (b) Je	umerosant	econor.	ales	سممدوه	1		8 days	+
		gave rise to in casse (a), stating t	smediate (1						
		lying cause last.	(c)								
	Z	PART 11. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE CON	DITION GIVE	N IN PART 1	(a) 19. WAS	AUTOPSY
3	CERTIFICATION					*					NO _
		200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in Pai	rt I ar Part II of i	tem 18.)			
	₹ U	20c. TIME OF INJURY	Manth, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY	Home, farm,	20f. (City or tow	rn)	(Cau	inty)	(State)
	MEMICAL	Hour a.m.	19 White		ctory, street, affice	bldg., elc.}					
		21 I contify the	at I attended the deceas	ed from 7-1-12	6 1058	10 7	med 5	1058	that I la	et casu tha	docoora
		alive on_ Z	1 0	and that death							
		01170 0112523	Carrie Contract Con	/ dia mar deam	occorred di		DRESS (Street, ci				ea abave ATE SIGNEI
		ACTUAL SIGNATURE	BADE		Dr.	ofessi			7-0	1 47 1	sed
I		SIGNATURE	iculture;		M.DPT	OT COOT	mar bra	5.2	mar	2-6-15	13 R
		PHYSICIAN'S NAME (Type)	r. B.O.Thomas-	Sr.	Fre	ederic	c-Maryla	nd			
	22a	BURIAL, CREMATION	N, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	2	2d. LOCATION (C	lity, tawn, or	county)	(Stot	'e)
		REMOVAL (Specify) Burial	3-8-1958	Enola Cemeter	ngp.		Enola-F	ennsvl	vanie		
	23.	FUNERAL DIRECTOR'S	SIGNATURE (ADDRESS	J	240. REC'D I	BY REGISTRAR	24b REGIST		ATURE	
	(!. E. Clu	ie & son	Frederick-Md.		DATE MA	R1 0 '58	tu-	near	wh	

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that the death certificate

A SUTTE

03316 3346 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY be filed MARYZAND do b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town 65 shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? INSTITUTION YES NO ome ond 2. NAME OF 4. DATE Middle Month Day Year DECEASED (Type or print) DEATH 1958 6. COLOR OR RACE 9. AGE (In years last birthday) 5. SEX 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days Haurs WIDOWED [DIVORCED | YES 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? RIRTHPLACE (State or foreign country) 2 lan rme puo 13. FATHER'S NAME physician 2 геттохе 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ottending INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMediate IMMEDIATE CAUSE (6) HOLUSY **DUE TO** eriosclerofic permit. Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underbeen si lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? 0 YES NO NO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) certificole 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. fr. While Nat while at work at work p. m. 5 8 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 3.50 p. M., from the causes and on the date stated above. ECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) W.B. Culwe May be reto က 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR-EREMATORY 22d LOCATION (City, town, or county) poge (State) REMOVAL (Specify) 201 hocus 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Page

death.

hour

requires that the death certificate



PUREAU V. S.

CERTIFICATE OF DEATH 3347 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Frederick Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write funeral þé c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give negrest town] Rural-Braddock Hgts. Shauld Frederick d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Vindobona Convalescent & Rest Home 62h Wilson Place YES NO TH Ξ. 3. NAME OF Middle 4. DATE Last Month Year DECEASED OF DEATH (Type or print) Charles William Kline March 19 58 6. COLOR OR RACE 7. MARNES T-NEVER MARRIED THE 8. DATE OF BIRTH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) 85 yrs. Months Days Male White WIDOWED IX - PHANCHELPS-Oct. 5-1872 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Cigar Maker & ----- Retail Tobacconist Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician H. Thomas Kline lease remove of third 72 hours Arabella Himbury 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs. J. Graham Ridgely-Baltimore-Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH ם PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) Enaberela 422.2 DHE TO received Decoragenaction Conditions, if any, which permit. gave rise to immediate DUE TO couse (o), stoling the underlying couse last. PART 1) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION PERFORMED? YES NO | 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) o. m. Not while at work 🗀 at work 1940, to March 13, 19 Th, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 2:30A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR 17 East Second St. PERCENTAGE Dr. H.L.Fahrnev NAME (Type) Frederick-Maryland may be r 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY page (State) REMOVAL (Specify) Mt. Olivet Cemetery 3_15_1958 Frederick-Maryl and 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Frederick-Maryland DATE ARRED 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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03319

	00	10						teg. Dist.	No.	
o. COUNTY Fre	derick	MAR	rland	2. USUAL RESI	Maryla	ere deceased live	d. If institution	Residence t	efore admiss	ion)
b. CITY OR TOWN (RURAL and give in Frederic	If outside carparate limits, w carest town) K	rite c. LENGTH OF STAY Minutes	IN 1b			rsville-			nearest town	1)
d. NAME OF HOSPIT OR INSTITUTION IT PEGET LO	At (If not in hospital, give to k Memorial H	ospital		d. STREET A		Noodsbor	0			SIDENCE A FARM? NO [
NAME OF DECEASED (Type or print)	First WILL	Middle IAM COCHR		LAKIN		4. DATE OF DEATH	Month Max	ch	/	Year 19 58
Male	1977. 3 4 4	MARRIED NEVER MARRI		12 Nov		9 AG		UNDER 1 YI	YS Hours	ER 24 HR5. Min.
our USUAL OCCUPATION during most of work	king life, even it retired)	10b. KIND OF BUSINESS OF Farm Owner			yland	or foreign country)	12. CITIZEI USA	N OF WHAT	COUNTRY
3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME			-	
Jehn H	. Lakin			Ell	a Coc	hran				
	R IN U. S. ARMED FORCES? (If yet, give war or dates of service			arles W	Laki	n (Same	Address as ite			
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (0), (b), and (c).	el-ra	Meces	tern	(10	INTERVAL BE DNSET AND	DEATH
Conditions, if a		four elect	soly	the same	bala	ucl			2 da	70.
gove rise to i couse (o), storing lying couse fost.		Julie	La	ereew	usto	tus			Severa	l of the
PART II. OTH	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE CON	NDITION GIVEN	IN PART 1(PERFO	AUTOPSY ORMED?
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY O	CCURRED). (Enter noture o	f injury in Po	ort i or Part II of	item 18.)			
20c, TIME OF INJUR Hour a. g. p. m.	10	20d. INJURY OCCURRED While Not while It work of work	20e. PLA foci	CE OF INJURY (I	Home, farm, bldg., etc.)	20f. (City or to	wn)	(Cour	nty)	(Stole)
	ot I ottended the de such 21	ceased from Music 19 ³ and that	ch / deoth		9:30A	M, from the DORESS (Street, Le, Md.	causes one	d on the	date state	ed above. ATE SIGNED
Ideator (1) beat	. A. Dettbar									
20. BURIAL, CREMATIO BEMOVAL Specify	3-25-58	22c. NAME OF CEM Reformed			1	Jeffers	(City. town, or o		(Stote	e)
3. FUNERAL DIRECTOR		Frederick, M	aryl	and		BY REGISTRAR AR 2 6 158	24b. REGISTR	AR'S' SIGNA		

VS A15 (4) 15M 9/55

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BUREAU V. S.



CERTIFICATE OF DEATH

03320

		00	X-U	OLICITI	IUA		16/711	•		Reg. Di	st. No.		
1.	o. COUNTY Fre	derick		MARYLA	- 11	A CTATE	aryla		d lived. If instituti b. COUNTY				ion)
	RURAL and give n	If outside corporate limi egrest town) -Rural RD#1	ts, write	c. LENGTH OF STAY IN	11Ь	c. CITY OR T			rate limits, write R RD#1	URAL ond	give near	rest lown	1)
	Hope HIII	TAL (If not in hospital, g Road	ive street	oddress)		Hope H		oad			•		FARM?
3.	NAME OF DECEASED (Type or print)	Fir HEI		Middle JOSEPHI	NE	LEE	1	4. DATE OF DEATH	Mon Ma	# arch	Doy 20		Yegr 19 58
	sex Fenale	Colored	WIDOW	· ·			1882		9 AGE (In years last birthdoy) 75 yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.
10	during most of wor HOUSE-T	king_lite, even it retired	done 10b.	KIND OF BUSINESS OR HOME	INDUST		rylan	_	ountry)	12. CIT	USA	WHAT	COUNTRY
13	James G	rayson				14. MOTHER'S Mary	MAIDEN N						
15		R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		ormant in W. Le	e (Same a	Add as item #				
Z	PART I. DEA 4 2 2 ./ Conditions, if a gave rise to i couse (a), stating lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny. which mmediate the under: (c)		CONTRIBUTING TO DEATI	1 /2	aleno		ngre	success		ONS	5 90	and)
AL CERTIFICATION		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of	Finjury in P	art For Part	II of item 18.)	EN IN PAR	1 1(a)	PERFO	RMED?
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	tY Month, Day, Yes 19	While at wor	Not while	PLAC facto	E OF INJURY (I	lome, form, bldg., etc.	20f. (City	or town)	(4	County)		(State)
	ACTUAL SIGNATURE	at I attended the	Le:	-hour	eath o		Mar	ket St	the causes a	nd on t	last sat	e state	deceased above. TE SIGNED 22-58
	O BURIAL, CREMATIC BUT ICL (Specify)	N, 226. DATE THEREO		22c. NAME OF CEMETE Hope Hill		CREMATORY	LONG	22d. LOCAT	ION (City, town, c	r county)	aryl	(State)
23	M. R. Et	s signature chison & So	n, Fi	ADDRESS rederick, Ma	ryla	and	240. REC'D	BY REGIST	RAR 245 REGIS	TRAR'S SIC	SNATHRI		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be related by the hospital or attending physician.

TO FUNERAL CORP. After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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BUREAU V. E.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY rectar, Please rectar. Page r your files. rd of Health, o STATE **b.** COUNTY MARYLAND b. CITY OR TOWN I'l ounide C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give, nearest town) d. NAME OF HOSPITAL OR INSTITUTION (IE-not in hospital, give street address) d. STREET ADDRESS a. IS RES DENCE ON A FARM? YES NO X NAME OF Lost 4. DATE Month Day Yepr DECEASED OF (Type or print) DEATH 19") 6. COLOR OR RACE MARRIED THEVER MARRIED 9. AGE (In years FUNDER TYEAR DATE OF BIRTH IF UNDER 24 HPS lost birthday) Months Deys House M'n. WIDOWED T DIVORCED [Ď 50.00 11. BIRTHPLACE (State or foreign country) 100, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY Page 1 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PM3. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eyen Eugene Muench form | Louise .Overholtzer File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT or dates of service) 80 F 0 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). guala INTERVAL SETVICEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 5 MIAN 4.00.1 s Office DUE TO Conditions, if any, which] (b) gove tite to immediate couse DUE TO (a), stating the underlying couse lost. 0 Chief Medical Exom PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 1t of item 18.) CAUSE OF DEATH. Chief MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f, (City or town) (County) (State) factory, street, office bldg., etc.) While Not while 0.00 of work 🔲 of work to the Page 21. I certify that I took charge of the remains described obove, held an Autopsy Inspection and in my CTOR opinion death resulted from. Natural causes . Accident . Suicide 1. Homicide | Undetermined monner DIRE DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER F **EXAMINER'S** should FUNER DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 40 Emmitsburg. Buris Joseph's Mary Mand ADDRESS 245 REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR VS. A15ME DATE APR 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BULLEAU V. &

MANUALLE SEES T RAY

VS A15 (4) 15M 9/55 03323

3312 CERTIFICATE OF DEATH

Reg. Dist. No.

									Walls a	77501 110.	
1. PLACE OF DEATH o. COUNTY	rederick		MARYL	AND	- CTATE	DENCE (WH Maryla		d lived. If institu b COUNT	the contract of the contract o	ence before o	
b. CITY OR TOWN RURAL and give	(If outside corporole limi	its, write	c. LENGTH OF STAY II	н 1ь	c. CITY OR	TOWN (If a	utside corpo	orate limits, write	RURAL and	give nearest	I town}
Frederic	,		Days		X .	Adams	town				
d. NAME OF HOS	PITAL (If not in hospital, c				. STREET A	DDRESS				[]	S RESIDENCE ON A FARM? ES NO
3. NAME OF	Fir	rst	Middle		Los	†	4. DATE	M	anth	Day	Yeor
DECEASED (Type or print)	1//A	RGARI	ET BEAT	RICE	MY	ERS	OF DEATH		rch l		1958
S. SEX	6. COLOR OR RACE	7. MARS	RED NEVER MARRIED		DATE OF BIRTI	н		9. AGE (In year		-	UNDER 24 HRS.
Female	White	WIDOWI	DIVORCED		June 2	5. 189	98	lost birthday)	11100111110	Days H	ours Min.
100 USUAL OCCUPAT	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS				I	12 C	ITIZEN OF V	VHAT COUNTRY?
Sewing Co	orking life, even if retired	9 4	Tailering F	acto	ry M	arylai	nd			USA	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
G	eorge H. Fry	T			Ma	rgare	t Moss	burg			
	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT				dress		
(Yes, no. or unknown) NO	(If yes, give wor or dotes of a	orvice)	19-05-4994H	Mr	. Lawre	nce C	. Fry	Buckey	stown	, Mary	land
	EATH [Enter only one co	netter			P	1	1	,	*,1	INTERV	AL BETWEEN AND DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1.	terical line	edl i	sterne i	elis.	1/2 3	1001.	:4	£7.	- Mainte
	DUE TO		1/. +,	1	P. 11	1/.		618	È.,	2)	
Conditions, if	ony, which)	. ()	12660	U U	Wall	dit o				110	1662
gove rise to	immediate (€ ,	2 + 12 *		1.1	1		/ /	;		1
lying cause los		, /	Muller	1.17	17 Ca	yduo	- 2100-	- tart	· · ·	110	466-1.
PART II. C	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(a) 19-1	WAS AUTOPSY PERFORMED?
\[\frac{1}{2} \]			1							- 1	S NO X
O HIL EITHER NOTH	WAS UNDERLYING DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	, (Enter noture o	f injury in f	Port I ar Par	t II of item 18.)			
3 20c. TIME OF INJ	URY Month, Day, Ye	or 20d. II	NJURY OCCURRED 2	20e. PLA	CE OF INJURY (Home, farm	20f. (Cit	r ar town)		(County)	(State)
Hour a. P	1,	While at wor	Nat while	fact	ary, street, office	a bidg., etc.	.)			1	(0)
	that I attended the		1)	1	19-/-7	7 10 1)	K. E. C.	/ //- 10%	that I	Inet saw	the deceased
alive on_//	100ch15	. 195		death		7:30A	M from	n the course	and an	the date	stated above.
7.	7			,	accorred Gr			treel, city or tow		me dole	DATE SIGNED
ACTUAL SIGNATURE	Fine 1	4.	eliment.	- /- / N	Prof			uilding		3	/17/58
PHYSICIAN'S D	r. Bernard	O. Th	omas		Fred	lerick	, Mar	yl a nd			
270. BURIAL CREMAT REMOVAL (Speci BUTIAL	Mar. 19,		Mount Oli			y	22d. LOCA Fre	TION (City, lown, derick,	or country Maryl	and	(State)
23. FUNERAL DIRECTO			ADDRESS			24a, REC*1	D BY REGIS	TRAR 246. REC	SISTRAR'S S	IGNATURE	
M. R. Et	chison & Son	n, Fr	ederick, Ma	ryla	and	DATE					
		-					1200	LN 00		LLZA	

BILLETO K T

8361 OS AAM

DECEDAED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 3350 Reg. Dist. No. director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY. filed b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give negrest-Jown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 5 5 NAME OF **First** Middle DATE Month DECEASED (Type ar print) 5. SEX 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED P. AGE (In years 8. DATE OF BIRTH last birthday) Months on popers. death. DIVORCED [WIDOWED | yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) during most of working life, even if retired) ARMIER - RETIRE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ₲ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, affice bldg., etc.) g. ft. Nat while at work at work 195 S. that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred of #_M, from the causes and on the date stated above. ACTUAL SIGNATURE

03324 e. IS RESIDENCE ON A FARM? Day Year 19 5 IF UNDER TYEAR IF UNDER 24 HRS Haurs 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State)

DATE SIGNED

(State)

(2) 0 VS A15 (4) 15M 9/55

PHYSICIAN'S NAME (Type

22g. BURIAL, CREMATION,

REMOVAL (Specify)

B. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

ADDRESS DATE

22c. NAME OF CEMETERY OR CREMATORY

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town,

24a, REC'D BY REGISTRAR



ATTENDING PHYSICIAN: The law requires that the death certificale be executed within 24 hours after death. Page-4.

TO HOSPITAL

VS A15 (4) 15M 9/55

3313

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

03325

Reg. Dist. No.

1.	PLACE OF DEATH	rederick		MAR	YLAND	2. USUAL RESI o. STATE	Maryl		ived. If instituti b. COUNTY		Frec		
	b. CITY OR TOWN (III RUPAL and give no	outside corporate limits, arest town) 10K	write	c. LENGTH OF STAY			Town (If outs Thurro		e limits, write R	URAL ond	give nea	rest fown)
	d. NAME OF HOSPIT. FOR INSTITUTION FOR COLLC	AL (If not in hospitol, giv k Memorial	e street o	oddress) Ospital		d. STREET /		St.			-		DENCE FARM? NO [[
-	NAME OF DECEASED (Type or print)	First	lleci	Middle S	•	Pri	wJr.	DATE OF DEATH	Marc)		Day		reor 58
5.	male	6. COLOR OR RACE White	7- MARRI VIDOWE			DATE OF BIRT 9-28-2		9	AGE (In years lost birthdoy)	Months	Doys Doys	Hours	R 24 HRS. Min.
10c	o. USUAL OCCUPATION dyring most of work	N (Give kind of work doing life, even if retired) PALEY	ine 10b. I	Own busi		1			ryland	1	J.S.		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	VIE .					
	William	Samuel Pr	ryor	•		Nel	llie M	argai	ret Wil	lhid	e P	-	
15.	WAS DECEASED EVER	IN U. S. ARMED FORCE	57 16. 5	SOCIAL SECURITY NO). 17, IN				Add			<i>y</i>	-
114	Yes	If you give way or dotter of serv	22	20-16-076	8 Mi	ss Bla	inche l	Fyler	Th	urmo	ont,	Ma	rylar
	PART I, DEA 400 Conditions, if or gave rise to in case (a), stating I lying cause tost,	he under- DUE TO	61	artino	ail	zvlu.	Hen	t D			ONSI	3 9	Cays Cars
RTIFICATION		ER SIGNIFICANT CONDI		ONTRIBUTING TO DE						EN IN PAI	lī 1(a) 19	PERFO	NO
MEDICAL CERTII	(IF EITHER, NOTIFY	MEDICAL EXAMINER) Month, Day, Year 19	While	IJURY OCCURRED Not while	20e. PLAC	CE OF INJURY (Hame, form, e bldg., etc.)	20f. (City or	town)	(Caunty)		(Stote)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Thomas [. 12.5	L, and that	M N	.b.	2 6 A) AD	M, from I ORESS (Street	the causes on the causes of th	nd an t	he date	e state DA	deceased d abave. TE SIGNED
220	BURIAL, CREMATION	3-11-58		Inited B		crematory ern Ce			mont,		/lan	(State)
23.	Raymond	signature E. Creage	ŗ	ADDRESS Thurmon			24g. REC'D B		R 295 REGIS		GNATURE		

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MARCH

TO HOSPITAL vs A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3352

CERTIFICATE OF DEATH

03327

3. NAME OF DECEASED OF INSTITUTION 3. NAME OF DECEASED OF OF STRUCK DECEASED OF OF DEATH Marshall Walker Reed Oct. 5. 1885 S. SEX 6. COLOR OR RACE White White Whow I be wished Oct. 5. 1885 DATE OF BIRTH Oct. 5. 1885 P. AGE (In year) If UNDER I YEAR IF UNDER 24 H Months Doys Hours Mit Address Table White Whow I be wished Oct. 5. 1885 P. AGE (In year) If UNDER I YEAR IF UNDER 24 H Months Doys Hours Mit AND CLUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11 SIRTHFLACE (Since or foreign country) Laborer Saw mill Maryland I. MOTHER'S MAIDEN NAME Margaret Elizabeth Market Margaret Elizabeth Market Margaret Elizabeth No 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which Gover rise to immedicate Over the total mendicate Over the		0004				Keg. Dist. No.
THURITON TO THE ALL TO	o. COUNTY	Fredurick	MARYLAND			
3. NAME OF DECEASED IN MARKED MARKED MEYER MARKED DONORCED OCT. 5, 1885 PATH MARKED MARKED MARKED MEYER MARKED MAR	Thurmon	(If outside corporate limits, write learest town)				RAL and give nearest town]
DECEASED PRINT Marshall Walker Reed Seath March 6 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 0 0 0 0 0 0 0 0 0	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give stre	et address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES \(\begin{array}{ccc}\ho \lefta \\ \text{\til\text{\texi\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex
Titale White WIDOWED DIVORCED Oct. 5, 1885 72 yn. Months Opys Hours Mid 100. LISLAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) LE COTE 1 Saw mill 1 MOTHER'S MADIEN NAME # acod Reed 13. MATER'S NAME # acod Reed 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY Address NO 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER (FIFTH WAS UNDERLYING ON THE NOTIFY MEDICAL EXAMINES) NO. ACCIDENT WAS UNDERLYING ON THE COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER CONSET AND DEATH (FIFTH EAR) NO. ACCIDENT WAS UNDERLYING ON THE COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER CONSET AND DEATH (FIFTH EAR) NO. ACCIDENT WAS UNDERLYING ON THE COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER CONTRIBUTING ON THE COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER CONTRIBUTING ON THE COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER CONTRIBUTING ON THE COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER CONTRIBUTING ON THE COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER COUNTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPER COUNTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	DECEASED			-	O.C.	igh 6 . 28
DUE TO Conditions, if only, which gover rise to immediate Couse for the transfer of the trans	_	1 - 1 - 1 + -			lost birthdoy)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
Margaret Elizabeth Roll brown 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c). PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if only, which gover is to immediate couse [o]. Information to the couse [o]. Information to t	Laborer	ON (Give kind of work done 10 rking life, even if retired)				U.S.A.
18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if ony, which gove rise to immediate couse (o). stoling the yarder (c). Part II. O'HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOP PERFORMED? YES NO CONTRIBUTING COUSE (o). stoling the yarder (c). 20a. ACCIDENT WAS UNDERLYING COUSE (o). Part II. O'HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOP PERFORMED? YES NO CONTRIBUTING COUSE (o). stoling the yarder (c). 20b. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. [Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED look while of work of a twork of a two wink of a two winks of a two wi	3 FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME	0.0
It yes, give was ar dates of terrices 216=14-5298 Mrs. Leotta W. Reed Thurmont, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	d ace			The second secon	The state of the s	
PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the winder lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMEDT OR CONTRIBUTING CAUSE OF DEATH ITE FITHER, NOTIFY MEDICAL EXAMINER; 20a. ACCIDENT WAS UNDERLYING CORRESS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOP PERFORMEDT OR CONTRIBUTING CAUSE OF DEATH ITE FITHER, NOTIFY MEDICAL EXAMINER; 20b. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town)) (Stematics) and the deceased from 19. Not while loctory, street, office bldg, etc.] 21. I certify that I attended the deceased from 19. St., and that death occurred at 4. Jam, from the causes and an the date stated ab ADDRESS (Street, city or lown, stote) NAME (Type) Dr. James K.e. Cray	(Yes, no, or unknown)		4 1			••
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work of foctory, street, affice bldg. etc.] 20e PLACE OF INJURY (Home, farm. 20f (City or tawn) (County) (Stephen of the county) (Stephe	Conditions, if a gove rise to couse (o), stoting lying couse lost.	ony, which immediate DUE TO	Course Le		,50)/-	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work of foctory, street, affice bldg. etc.] 20e PLACE OF INJURY (Home, farm. 20f (City or tawn) (County) (Stephen of the county) (Stephe	PART II. OT		IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that I attended the deceased from Help. 15, 1958 to Mer. 6—, 1958 that I last saw the deceased alive on Jel. 15, 1958, and that death occurred at 4.45 MM, from the causes and an the date stated ab ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE NAME (Type) Dr. James K. Gray	20g. ACCIDENT WORK CONTRIBUTION (IF EITHER, NOTIF)	AS UNDERLYING [20b. D G [CAUSE OF DEATH Y MEDICAL EXAMINER]	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in 1	Port I or Port II of item 18.)	
alive on Jeh. 15. 1958, and that death occurred at 445M, from the causes and an the date stated ab ACTUAL SIGNATURE NAME (Type) Dr. James K. Gray	ZOc. TIME OF INJU Hour o. m. p. m.	10 Whi	ile Not while for	ctory, street, affice bldg , etc.	.1	(County) (State)
	actual signature	June A Sh	25 8,, and that death	occurred at 4.45	ZM, from the causes an	id an the date stated above
220. BURIAL CREMATION, 22b DATE THEREOF Blue Ridge Cemetery Thurmont. Maryland	220. BURIAL, CREMATION	ON 226 DATE THEREOF				
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE						
Raymond E. Creager Thurmont, Md. DATE MAR 1 1 '58 Reference	Raymona	F Cresce	Thurmont M	DATE RAI	AR 1 1 '58 (000 1	



ADDRESS

220. BURIAL, CREMATION, 22b. DATE THEREOF

March 7.1958

M. R. Etchison & Son, Frederick, Maryland

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Buria

Months Doys Hours 12. CITIZEN OF WHAT COUNTRY! USA Balt. 6. Maryland INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO KIK (County) (Stote) 19.54, to 2 march 5, 19.56, that I last saw the deceased DATE SIGNED Frederick, Maryland 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) Frederick Memorial Park Frederick. Maryland 24o. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE DATE MAR 1 0 '58

Frederick

Day

e. IS RESIDENCE ON A FARM?

YES NO 🗭

Year

1958

Engral & A.

- 1	x 2		Ttem 7 Elle 227 3=28=58_et 03329
*	The same of	>	3315 CERTIFICATE OF DEATH Reg. Dist. No.
Page director	- Company		1. PLACE OF DEATH a. COUNTY FRENERICE (Where deceased lived. If institution Residence before admission) b. COUNTY ARYLAND MARYLAND MARYLAND OF DEATH C. COUNTY ARYLAND OF DEATH C. COUNTY C. ARRGLL
death:	A		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRODERY OF TOWN (If outside corporate limits, write RURAL and give nearest town) NEW WINDSOR
offer me fu		4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM?
in			3. NAME OF First Middle Lost 4. DATE Month Day Year
n 24 Filled Fes 1			(Type or print) CHARLES ROBERTS DEATH MARCH 12 1958
d within detety f			5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH COL WIDOWED DIVORCED FEB 22 - 1888 9. AGE (In years lost birthday) 70 yrs. Months Days Hours Min.
d comp	Jedin.		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY OF WORKER CEMENT CO MARYLAND 12. CITIZEN OF WHAT COUNTRY OF WORKER CEMENT CO MARYLAND
be of n an arbon	Ter (F	13. FATHER'S NAME
icate rsicia	2		JOHN ROBERTS OLEVIA BOWENS
r certifi ing phy e remo	77 110	-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address Address ADDRE ROBERTS INEW WINDSOR MI
death tendi	<u> </u>		IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
the at	* ====================================		IMMEDIATE CAUSE (o)
s that d by H	à Àu	1	Conditions, if any, which by Manning of Bath Ing
require on. signer			gave rise to immediate cause (a), stoting the under- lying cause lost. DUE TO
physicic as been al-trans	מאמו, מ	J	PAIN II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The	or rea		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
or offer s certif	nation,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work at work at work.
Pital for this	red		21. I certify that I attended the deceased from MARCH 7, 1958, to MARCH 12, 1958, that I last saw the deceased
NDIN e hos ched	urioi,		alive on MARCH 12, 195 F., and that death occurred at 10.15 FM, from the causes and on the date stated above
by the CTOR	70 01 01		ADDRESS (Street, city or town, state) DATE SIGNED M.D. UNION BRIDGE MD 3/13/1
TAL O	ror pri	j	PHYSICIAN'S J. H. NIESSLER MD.
HOSPI oy be FUNER	e regis		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
5 E 5 g	Ξ.		22-FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55			D.D. Harry W. Jones Willow Midgle Mid DATE MOST 1 30 W. Medich

BUREAU V, E

DECEDAED

24g, REC'D BY REGISTRAR

DATE MAR 1 9 '58

24b. REGISTRAR'S SIGNATURE

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

death.

DESERVE SELECTION OF SELECTION

2 .Y UAERU

ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be rely to the hospital ar otherding physician.

TO FUNERAL ACTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

317 CERTIFICATE OF DEAT

03331

		· ·	OTI	CER	HIFICA	416	OF DEAT	H			Reg. D	list. No.	•		
1.	PLACE OF DEATH d. COUNTY FT	rederick		M/	ARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick									
	b. CITY OR TOWN (III RURAL and give no Frederic	outside corporate (imi arest town) C	ls, write	c. LENGTH OF ST		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick								ı)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION Last Patrick Street					d. STREET ADDRESS 4.13 East Patrick Street on a Farmy yes no								FARM?	
3.	NAME OF DECEASED (Type or print)		ARY	LOU			SEEGER	4. DATE OF DEATH	1	Mon Ma:	rch j	31,		Year 1958	
	Female	6. COLOR OR RACE White	WIDOWI	DIVOI	RCED 🗍	De	cember 31,			(in years prihday) yrs.	Months		Hours	R 24 HRS. Min.	
L	Beamstress	N (Give kind of work ing life, even if retired	1 1	KIND OF BUSINES			Mar	yland	country)		12. C	ITIZEN C		COUNTRY JSA	
13.	FATHER'S NAME					14.	MOTHER'S MAIDEN								
	Pe	ter Seeger					Ma	aria W	erne	r.					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of a NO		SOCIAL SECURITY		NFOR	MANT Katherine	Seeger	r, Sa	Addi		541 #]	l.		
	18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (a), (b), and	(c).]							INT	ERVAL BE	TWEEN	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	,	Brack	1 -1							ONS	SET AND	DEATH	
	420.0	DUE TO		Jan Na IN	/		mone.						1 Carela	-	
	Conditions if any which ?														
	gave rise to immediate								<u> </u>						
		cause (a), stating the under-													
,	lying couse last.) (c													
ICATIO!		ER SIGNIFICANT CON									'EN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED?	
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	/ OCCURRE	D. (Enl	ter nature of injury i	n Part I or Pa	irt II of ite	m 18.)					
MEDICA	20c. TIME OF INJURY Hour a. m. p. m.	f Month, Day, Yes	White st work	Nat while at work	20e, PL	ACE O	PF INJURY (Hame, fai street, affice bldg., e	rm, 20f. (Ci)	ty or town)		(County)		(State)	
	21. I certify the	at I attended the	decease	ed from	ne 1		. 1952 to	March	31.	19 0	that I	last so	aw the	decense	
	alive on_ /4.4						urred at 10:20								
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	PHYSICIAN'S NAME (Type)	r. T. E. S	tone				Frederick	, Mary	land						
22	BURIAL CREMATION	Apr. 3,19	_	22c. NAME OF C			MATORY emetery	22d. LOCA	rion (cir				(Stole	*	
23.	FUNERAL DIRECTOR'S			ADDRESS				C'D BY REGIS		246. REGIS					
		nison & Son	, Fre		Maryl	and		APR 3	·58	COL		ueh			

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Frederick-Maryland

Hoo: Frederick-11d

24g, REC'D BY REGISTRAR

DATE AR 2 6

246 REGISTRAR'S SIGNATURE

9 0 VS A15 [4] 15M 9/55 Burial

23. FUNERAL DIRECTOR'S SIGNATURE

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death certificate

BUREAU V. Z.

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 11	8

CERTIFICATE OF DEATH

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3353 Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Marvland Frederick rederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) nurmont hurmont-- Fural rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z 3. NAME OF DECEASED First 4. DATE Middle Lost Month Day Yeor (Type or print) DEATH CHARLOTTE CORDAY 19 5 March 5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours Min. DIVORCED [WIDOWED emale yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Marvland nome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME. Jacob Reed 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No Thurmont Curtis None Shuf 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: days IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO 🛱 20a. ACCIDENT WAS UNBERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o.m. Not while of work of work LL 1958, that I last saw the deceased 21. I certify that I attended the deceased from alive an and that death accurred M, fram the causes and an the date stated above. at ADDRESS (Street, city or town, stole) **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Franklin Birelly Thurmont 270. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria Lewistown Caratic Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Thurmon

VS A15 (4) 1SM 9/5S

Raymond E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03334 3354 **CERTIFICATE OF DEATH** Reg. Dist. No director 3 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed **b.** COUNTY MARYLAND uneral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) panle WOODSBORO d NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS e. IS RESIDENCE UB OR INSTITUTION ON A FARM? YES NO NAME OF First Middle DATE OF DEATH Month Day Year DECEASED (Type or print) 195 5. SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours WIDQWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? og 45 during most of working life, even if relired) 10 m 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which] gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (State) Hour a. ft. factory, street, office bldg., etc.) While Not while at work a at work . p. m. 21. I certify that I attended the deceased frame Z. 19.58 that I last saw the deceased 94A M, from the causes and an the date stated above. and that death occurred at ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) 270. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

HOSPITAL

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Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be rely a by the hospital or attending physician.

TO FUNERAS ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shaufd be detached for use as the burial-transit permit. Then please remave cachon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs, after death. may be rela

). PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give georest town) Frederick LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Myersville
?	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial Hospital	d. STREET ADDRESS e. IS PESIDENCE ON A FARM? YES A NO
	3. NAME OF DECEASED (Type or print) Ce / 4 de St	Ottlemyer A. DATE Month Day Year OF TEATH March 25 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. 7 yrs Months Doys Hours Min.
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Laborer farm	Maryland U.S.
	C. Columbus Stottlemyer	Sarah P.C. Blickenstaff
	(Yes, no or unknown) (If yes, give wor or dates of service) none	rs. Mildred McFarland, Strawsburg, Va
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate carse (a), stoting the under- lying couse lost. (c) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).]	Jenvalzed INTERVAL BETWEEN ONSET AND DEATH H Jays Fintestine and Colon 7 days Thrap basis 7 days
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DE ED. (Enter nature of injury in Part I or Part II of item 18.)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bidg., etc.)
1	21. I certify that 1 ottended the deceased from 3/2/ olive on 3/2/ 1258 , ond that deat ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) // Enry V. Chase	n, 1958, to 3/25, 1958, that I lost saw the deceased h occurred at 11 Ro M, from the causes and on the date stated above ADDRESS (Street, city or town, state) M.D. 4 E. Church St 3/2/58 Frederick Md
	226. BURIAL, CREMATION, 226. DATE THEREOF PROVIDE SPECIAL SPEC	ery Wolfsville, Md. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		335	CERTIF	ICAT	E OF DEA	ATH			Reg. Di	ist. No.	139	?
a. COUNTY				- 11	. USUAL RESIDENCE	Œ (Whe	re deceased	lived If instituti	anı Resider	nce befor	e admis	isian)
Fred	ieriok		MARYLI	UND	Marykand				arle			
b. CITY OR TOWN (RURAL and give n	If outside corporate lim	its, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOW	N (If au	Iside carpora	te limits, write R	URAL and	give nea	rest law	n)
Cullen			92 days		Brandy				N' K			,
OR INSTITUTION	TAL (If not in hospital, state)				d. STREET ADDR	ESS				- 1	ON	SIDENCE A FARM?
. NAME OF		nt t	Middle		Lost		4. DATE	Mon	sk.	D.		Yeor
DECEASED			*		6031		OF DEATH		ın	Day	1	
S. SEX	le color or race	Thomp	RIED NEVER MARRIED		DATE OF RIPTH		0	March	IF UNDER	P I YEAR	IF UND	19 58
70	-	WIDOW			DATE OF BIRTH	19 6	, 1927	AGE (in years last birthdoy) 30 yrs	Months	Days	Haurs	
0g. USUAL OCCUPATION	ON (Give kind of work		KIND OF BUSINESS OR		A DESTRUCTION	(State a	r foreion rau		112 CF	TIZEN O	F WHA	T COUN
during most of wor Housewill	king life, even it refired	1)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. razongin coo					
3. FATHER'S NAME	. 9	-			Maryla 14. MOTHER'S MAI		AME			U.	<u>s.</u>	A.
	77.0											
OSOPh		C552 114	SOCIAL SECURITY NO.	17. INFO	Dean	G00	hran	Add				
[Yes, no, or unknown]	(If yes, give war or dates of	ervice]				~~4						
No			0-16-7357	Ro	cords of	V1C	tor Cu	Hen Sta	ite H			
			ne far (a), (b), and (c).]							INTE	RVAL 8	ETWEEN
PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (Ter	minal Hemor	rhage	9					_ 5		
OOKX	DUE TO	>										
Canditions, if a		ı Far	advanced p	ulmoi	nerv_tuhe	ran	losis	active				
gave rise to i	mmediate (
lying couse lost.		:)										
PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE	TERMIN	IAL DISEASE	CONDITION GIV	EN IN PAF	RT 1(a) 1'	9 WAS	AUTOPS
Ž.											PERFO	ORMED?
PART II. OT	AS UNDERLYING [T]	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Enter nature of iniu	ry in Po	art I or Part I	l of item 18.1				J 140 [
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)					,						
		or 20d II	NJURY OCCURRED 2	On PLACE	OF INJURY (Home	form	1 206 JCIN	a Amumb	-	C		150-
20c. TIME OF INJUI		While	Not white	factor	y, street, office bld	g., etc.)	1 201. (City o	r IOWN)		Caunty)		(Stal
	19		k 🔲 at work 🔲				1					
21. 1 certify ti	hat I attended the	deceas	ed fram. Decem	ber	3., 19 <u>57.</u> , to	Ma	rob_5_	19_58	},that 1	last sa	w the	deced
alive anMs		, 125	. ^									
			(V_1)					et, city or lown,				ATE SIG
ACTUAL SIGNATURE	7	1-1	PAINE,	AA D								
	-	, , , , ,	1	17114	'· .=====++		**					
PHYSICIAN'S NAME (Type) To	om F. Vesta	1. N	L.D. Cullen	Md.								
Za. BURIAL CREMATIC	N. 226 DATE THERE		22c. NAME OF CEMET		REMATORY		22d. LOCATIO	ON (City, tawn, c	or county)	and the same party and the	(Sto	(a)
PEMOVAL (Specify	3-8-58		Mt. Har					Beach,		Zana	(310)	, 2)
3. FUNERAL DIRECTOR		.1	ADORESS	HOLLY	0.4-	BECID	BY REGISTRA				F	
14, 77	1 1 7	lance	W. O.las	1	me I	16.0		58 25. 803	0	-	1	
July, 1	uncer V)	OPPLE	1. aller	. /	DAT	IE W	IMIO !	100	272	RIZZZ	la .	

may be reit by the haspital ar attending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 2 they softer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL may be rei

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TO HOSPITAL VS A15 (4) 15M 9/SS

03339 Rea, Dist. No.

	FREDERICK	MARYLAND	MARVLANP	b. COUNTY	FREDERICK						
1	o. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)								
1	SRUNS WICK	LIFE	BRUNS WI	ck 35							
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	1	e. IS RESIDEN ON A FAR	CE M2					
_	312 TETERSVILLE	KOAP	BIN TETE	ERS VILLE /	OAP YES NO						
	NAME OF DECEASED (Type or print) CHARLES	CLINTUN	VIRTS	4. DATE Moni	th Day Year	5-8					
S. :	EX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER I YEAR IF UNDER 24	HRS.					
1	1ALE WHITE WIDOW		1-25-190	57 yrs.	Months Days Hours N	tin					
10a	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slate or	foreign country)	12. CITIZEN OF WHAT COL	INTRY					
Lui	YAY LABORER		MARYLAI	NP	U. S. 77						
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		-00-0						
	CHEORGE VIR	/3	GELET	1 /1	BBER						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. To as unknown) (If yes, give wor or done of service)		NFORMANT Brunswic	K MARX	YLANP						
	18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]	_2	~ D	INTERVAL BETWE	EN					
	PART I. DEATH WAS CAUSED BY: THE	compensa	led tenges	Thive her	ONSET AND DEA	TH					
	434,1 DUE TO 7	aillure_									
	Conditions, if any, which	remie									
	gove rise to immediate DUE TO										
	lying cause lost. (c)										
TATION	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	ZEN IN PART 1(o) 19 WAS AUTO PERFORMET YES TO NO	me					
TIFIC	20g. ACCIDENT WAS UNDERLYING 20b. DESCOR CONTRIBUTING 20b. DESCOR	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I ar Part II of item 18.]							
CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL			ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	20f. (City or town)	(County) (S	itate)					
MED	Haur a, m, 19 While of war	k ol white	citity, sirect, diffice blog., etc.]								
	21. I certify that I strended the decease	ed from March	7 . 19 8 19 M	asch / 8 19 17	That I last saw the dec	9710					
	alive an March 18 , 19.	عر حسه	occurred at 740A		and an the date stated a						
		01	o f pypost	DORESS (Street, city or town, s	state) DATES	IGNE					
	ACTUAL	AC.	M.D35-SOUTH MARY	KAU, M.U.	morel 19	1-1					
	PHYSICIAN'S - TBUS -	11- 21-		MARYLAND	1/5	1-9					
	NAME (Type) C. J. DY VOT	Kao, M. X	BRUNSWICK,	MARTEARD	//						
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		2d. LOCATION (City, town, o	or county) (State)						
5	URIAL 3-23 1930	REFORMS	D	KNOXVILI	LE M.D.						
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 24g. REC'D	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE						
_	. MITELETE WO BRO. D.	KUNSWICK,	DATE MAR	126'58 112	Leduch						

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

a3340 3356 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick o. STATE Maryland b. COUNTY MARYLAND Frederick b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) RD#1 Since 8/6/57 Frederick-Rural RD#3 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Near Lewistow ON A FARM? Bloomfield YES NO K NAME OF Middle 4. DATE Month Day Year DECEASED WACHTER ADDTE LAKE 23, 1958 (Type or print) DEATH March 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX 8. DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Female White 11 Dec 1875 DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign cauntry) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland USA Own Home House-work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herace Stull Laura Houck IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Elliotte L. Wachter (Same as item #2) Ne None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Jack IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? 0 YES | NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) 0. 11. Not while of work of work p. m. 21. I certify that I attended the deceased from 2. that I last saw the deceased that death accurred at 2 A alive an M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 228 N. Market St., 3-24-58 PHYSICIAN'S NAME (Type) James B. Themas, M. D. Frederick, Maryland

22c. NAME OF CEMETERY OR CREMATORY

Zion Cemetery

22d. LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

DATE

Charlesville, Maryland

24b REGISTRAR'S SIGNATURE

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(Stote)

ECTOR: 2

VS A15 (4) 15M 9/55

220. BURIAL, CREMATION, 226. DATE THEREOF

3-26-58

23. FUNERAL DIRECTOR'S SIGNATURE & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11007

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY g. STATE b. COUNTY Frederick Marvland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Frederick Frederick Years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS. IS RESIDENCE ON A FARM2 D. O. A. Frederick Memorial Hospital 322 North Bentz Street YES NO 17 3. NAME OF Middle 4. DATE Year DECEASED 1958 (Type or print) ABRAHAM WHITTEN March 30. WATELLITY. DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE |in years IF UNDER TYEAR IF UNDER 24 HRS. Months Ноись Min. Days Male Colored WIDOWED | DIVORCED T June 20, 1923 YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Auction House ARU Maryland Laherer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Reevey Whitem Edith Herbert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 522 Klimeharts Alley. Mrs. Bertie Goines, Frederick. Maryland No 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate cause **DUE TO** (a) stoting the underlying cause tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) factory, street, aff ce bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held on Autopsy [7]. Inspection X. Inquiry [7], and find that death resulted from: Notural couses, Accident XI, Suicide I, Homicide , Undetermined couse **ACTUAL** DATE SIGNED CHIÉF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Apr.2.1958 Sunnyside Meth. Cem. Frederick County. Marvland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland DATE PR 3

VS. A15ME(5)

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VS A15ME

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item within 24 haurs after death. If any delay is, necessary, please them 18. Give Pages 1, 2, and 3 to the function of rector. Page	with farm PM3. Page 5 may be retained by your file	it permit. File pages I and 2 with the State Board of Health, and in any event within 22 hours after death.		I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Ren Di

		nAKTL 2X	DICA	L EXAMIN	ER'S	CERTI	FICAT	E OF	DEATH	Reg. Dis	03342	
1.	PLACE OF DEATH a. COUNTY FT	ederick		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If intitution. Residence before admission) o. STATE Maryland b county Frederick						
1	Thurmon	outside corporate limits, write T	BURAL	5 yrs		c CITY OR TOWN (If outside corporate l'mits, write RURAL and give negrest town) Thurmont						
(NAME OF HOSPITA	AL OR INSTITUTION (f not in hosp	pital, give street address)	STREET ADDRESS G S RE- ON A YES						
	NAME OF DECEASED (Type or print)	Eva		ginia Wi	llh	ide		4. DATE OF DEATH	Mon	ch 12	Doy Year 19 58	
5. 5	female	white	7. MARRIE	DIVORCED [-		1889	_	9. AGE (In years lord buildey) 971.	Months D	YEAR IF UNDER 24 HRS	
100	USUAL OCCUPATION OF WORKING FOUS OWIL	g life, even if retired)	ione 10b. K	own home	NDUSTI	2.7	rylar	_	untry)	1	EN OF WHAT COUNTRY?	
13.	13. FATHER'S NAME UNKNOWN Ella V. Cloud											
	WAS DECEASED EVI	ER IN U. S. ARMED FO (If yes, give war or doles of	service)	social security no.		FORMANT Borge	H. Wi	illhi	Addres d ∈	hur c	ont, Md.	
	260 X	EH [Enter only one cou IH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO	se per line t	for (o), (b), and (c).]	giza	oce	Cur	un-			PINTERVAL BETWEEN ONSET AND DEATH 18 Trunto	
	Conditions, if ony, which gove rise to immediate cause (c), stating the underlying couse lost. (c) Taylor To Taylor								5-2/254			
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 12. WAS AUTOPSY PERMITTENED? YES NO											
	PRIMARY OF CONCAUSE OF DEATH.	USE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCUR	RED (Er	ter noture of in	jury in Port	I or Port It o	of item 18.)			
MEDICAL	Hour a.m.	Wonth, Day, Yea	White		PLAC focto	E OF INJURY (Home, form, bldg., etc.)	20f. (City	or lawn)	(Coun	(Stote)	
				emains described auses (1) , Accid	_		Autopsy e , H		spection 🐧	, Inquiry ermined m		
							MEDICAL EXA				DATE SIGNED	
	HAME (19pe)	Dr. B.O.	77			DEPUTY	MEDICAL E	XAMINER X]		mh 12-58	
	Furial	3-15-5	8			nernatory	emete	ery	Thum (ont, 1	(Slote) Saryland	
23.	Raymond	E. Creag	er]	Thurmont,	Md			R 1 4 '5		ISTRAN'S SIGN	GATURE	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3359 Item CERTIFICATE OF DEATH

Reg. Dist. No.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitted in bipage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPIT VS A15 (4) 15M 9/55

1. PLACE OF DEA	FREDRICK		MARY	- 11		Maryl		l lived. If institut b. COUNTY			e odmiss deri	
b. CITY OR TO	WN (If outside corporale limitive nearest town)	its, write	c. LENGTH OF STAY			rmont		rural	RURAL and	give nea	rest fown)
d. NAME OF H OR INSTITUT	OSPITAL (If not in haspital, ION	give street o	ddress)		/d. STREET A	ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle	2.000	la		4. DATE OF DEATH	Ma	nth	Do	*	Yeor
5. SEX	MARY 16. COLOR OR RACE	17	CATHERI		ZIMME DATE OF BIRT			MARCH	IF UNDER	5 I VEAD		19 58
FEMAL		WIDOWE	WILDDWEG		JUNE 1	. 18	65	9. AGE (In years lost birthday) Q2 yrs		Days	Hours	Min.
10a. USUAL OCCU	PATION (Give kind of work Fworking life, even if retired	done 10b. (KIND OF BUSINESS O	R INDUST	Y 11. BIRTHPI	LACE (State o	ar fareign co	unlty)	12. CI	TIZEN O	F WHAT	COUNTRY
	EWIFE	0	WN HOME			RYLAN				J . S	S.a. A	
13. FATHER'S NAM	Ł				14. MOTHER'S	MAIDEN N	AME					
THOM	AAR AAAA AAAA					ZABE	TH N	C DONA				
(Yes, no, or unknown)	DEVER IN U.S. ARMED FOI (If yes, give wor or doles of		SOCIAL SECURITY NO VONE		ormant	ncent	Hack		Thur	m•n	t F	RD
Conditions, gave rise cause (a), stellying couse	if ony, which to immediate ating the under-	s)	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	le rote (CONDITION GI	VEN IN PAR	1	PERFO	
280. ACCIDEN OR CONTRIBL (IF EITHER, NO	IT WAS UNDERLYING THE THING CAUSE OF DEATH COTIFY MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature a	ıfinjury in P	ort I ar Part	II of item 18.)				10 63
Hour e	NJURY Month, Day, Ye . m. 19	20d. IN While at work	UURY OCCURRED Not while	20e. PLAC facto	E OF INJURY (ry, street, affic	Home, form, e bldg., etc.	20f. (City	or fawn)	(Caunly		(State)
21. I certificative on ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	y that I attended the Mar I James J. James	decease 195	of fram Mas 8, and that ay: K. Gra	death o		, .			and an t			
220. BURIAL, CREA REMOVAL (Sp		OF	22c. NAME OF CEM	EFERY OR	REMATORY			ION (City, town,			(State	•
BURTAL	3/7/58	3		CEME	PERY		UTIC	ea Fr	ed.	Co.	Md	
	CTOR'S SIGNATURE	~	ADDRESS	2.6	3 3	240. REC'D	BY REGIST	RAR 24b. REG	STRAR'S SI	GNATUR	E	
Raymor	nd E. Creag	er 1	Churmont,	Mai	yland	DATE		0	1	-	1	
						-	THE T	30	1	ATTENDED AND		

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